Clinical Lecture

ON A CASE OF

STRICTURE, WITH ABSCESS IN PERINEO.

By JOHN ADAMS, F.R.C.S.,

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GENTLEMEN,—I have just opened an abscess in perineo in a case of stricture, and I now direct your attention to the case as representing the type of such cases which are of everyday occurrence. Not a week passes but two or more cases of retention of urine are brought to this hospital. These are of various kinds; but many are dependent on stricture of the urethra. Perineal abscesses are very frequently consequent on such cases; but they often arise where there has been no decided retention, and they occur in the following manner, at least I suspect that the following is the mode in which they occur. A patient is the subject of a bad stricture, which he neglects. Of course the urine is forcibly driven through the urethra by the muscular coat of the bladder, which is greatly hypertrophied. This is attended with a dilatation of the urethra just behind the stricture, and this dilated portion giving way, a small quantity of urine escapes, and abscess is the consequence. Or it may be that ulceration of the urethra occurs as a consequence of inflammation, and thus a small abscess being formed, this communicates of necessity with the urethra. Under these circumstances the urine is forced more and more into the perineum, and thus distends this part, and makes its way in that direction, where there is least resistance. Thus, your anatomy shows you that the *deep layer of the superficial fascia* adheres with such tenacity to the rami of the ischia and pubes as to prevent the urine from passing down the thighs. It does not pass around the anus, because the same layer of fascia unites with the anterior layer of the deep perineal fascia. The urine, therefore, passes forwards into the scrotum and penis, and occasionally as high as the hypogastric region of the abdomen. The treatment of such a case is well known to you. A free and early incision affords the only chance of relief to the patient; and if this is neglected, the scrotum and skin of the penis will slough, and death may occur. There must be no hesitation in this case, no dissection of parts to reach the extravasation gradually. No! You must at once thrust a pointed scalpel into the perineum, and give exit to the fluid, whether pus or urine, or both. I regret to say that such a line of practice is often neglected; and a very considerable share of a surgeon's practice consists in the treatment of such cases, possibly altogether misunderstood.

In cases of extravasation of urine occurring with abscess, it is very proper to pass a catheter, and a small elastic catheter is the instrument appropriate to such cases. But this often cannot be passed into the bladder; nevertheless, the urine will now escape by your opening, and you will possibly get a fistula in perineo, which you will treat *secundum artem*; or the perineum may entirely close up, and even the stricture may for a time be altogether lost sight of. But you ought not to allow your patient to lull himself into a state of fancied security. *Once a stricture always a stricture* is an axiom which ought to be always in the surgeon's mind, and which he ought to impress upon his patient.

The case before us is one of great interest, and aptly illustrates the early progress of cases I have alluded to; and is one where all the mischief I have described as the result of ulceration of the urethra and abscess has been prevented. It is plainly this:—The man came to the hospital with retention of urine, and the house-surgeon relieved him with a small catheter. The instrument was tied in, and was replaced in a few days by a larger catheter. In the progress of the case, however, an attack of inflammation supervened, accompanied with fever, and a tense swelling occurred in the perineum. The swelling extended upwards as far as the root of the penis, and the anterior part of the scrotum, where it joins the skin of the penis, was also swollen and tense. The urine had been freely passed with pain, and a sense of scalding. I passed a *small elastic catheter*; and, when it reached the swelling, some flocculi of inspissated pus escaped, mixed with blood. I still continued to push forward the catheter, which readily entered the bladder, and I drew off the remaining urine. But I did not stop here; I freely thrust a pointed scalpel into the tense perineum, and some healthy pus (if any pus can be said to be healthy) escaped. I tied the catheter in; and the house-surgeon has ever since attended to the case. The perineum is closing up, no urine having escaped through the wound. Had I acted differently, the urine must have become extravasated, and the usual category of symptoms would have succeeded. The catheter is changed about every third day, and there is no difficulty in passing one gradually increased in size. Elastic catheters are best adapted for cases like these; they find their own way if used with little force, and are readily insinuated through the urethra, rendered devious and irregular by the projection of abscesses and by ulceration.

I will now direct your attention to a class of cases by no means unfrequent, and which well exemplify what may be termed the early stage of the disease now under consideration, but in which retention of urine, ulceration of the urethra, and abscess in perineo may be prevented by suitable treatment. I will illustrate this subject by a case, and such cases are very common.

I was requested to see a gentleman who had retention of urine, the result of stricture in front of the bulb of the urethra. Ulceration had no doubt occurred, and abscess had formed just in front of the scrotum. I opened this, and passed an elastic catheter and tied it in; he soon got well. I lost sight of him for some years, when he sent for me in consequence of a swelling in the same situation, and great swelling of the scrotum, with pain and difficulty in passing his urine, without absolute retention. I did not doubt that ulceration of the urethra and abscess were about to ensue as before, but I thought I might anticipate, or rather prevent this, by the introduction of a catheter. I therefore passed a small elastic instrument into the bladder, and tied it in, and directed the patient to remove the stylet and draw his water off through the catheter three or four times daily. In three days I passed a larger instrument, and tied it in, still giving him the same direction as to the drawing off his urine. I changed the catheter again from time to time, with similar directions to the patient, and after three or four weeks the swelling had entirely disappeared, and he was so far cured—that is, he could pass his urine so well that he only came to me at long intervals, and after a few months ceased altogether to attend. You may ask, Was this patient cured? No; but he thought he was, and thought he knew better than his surgeon, for I told him that he ought to consider himself always the subject of stricture, and advised him to have a catheter passed occasionally; but very few patients will do this, and this gentleman is now under my care with a bad lengthened stricture, which I relieve by passing occasionally a catgut bougie. I could mention many cases of this description, and I dare say they very often occur to surgeons; but I would give you this advice: always use a small elastic catheter in such cases, and do not be too solicitous to pass a large instrument. Much error exists on this subject. One is apt to think that the larger the instrument the greater the chance of cure. I do not think so; indeed, I am sure that in the cases now under consideration the reverse holds good, and that moderately sized instruments are more suitable to the generality of urethras. I cannot assure you that the pathology of such cases, as I have described it, is in all cases the same. I suspect in some there is very trifling ulceration of the urethra, probably commencing in inflammation of a lacuna; but I can scarcely believe that abscess, however small, invariably accompanies this, or that any extravasation of urine happens, because there is no evidence of one or the other, and the swelling wholly subsides, without any escape of pus or urine, so far as I can judge; though I may be wrong. But wherever in a tense swelling you can distinguish fluctuation by careful manipulation, it is certainly your duty to puncture the swelling, as you may be quite certain that an abscess has formed, and that the matter

must be allowed to escape. If, however, you allow your patient to pass his urine through the urethra where such swelling as I have described exists, you may be quite sure that ulceration and abscess will occur, and that the urine will become extravasated. I would remind you that the retention of a moderate-sized elastic catheter in the bladder can do no harm; whereas, if you allow the urine to pass through the urethra, now perforated by ulceration at the seat of stricture, you may be quite sure that some of the urine will escape from the canal, and will pass into the cellular tissue of the scrotum or perineum, or both.

SOME PROPOSITIONS ON HOSPITALISM.

(IN ANSWER TO T. HOLMES, ESQ.)

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(*Continued from page 207.*)

THE gradations shown in Table I. of the relative success of amputations of the limbs—viz., of the thigh, leg, arm, and forearm—are stated in round numbers; for the data in reference to some of the minor hospitals are not yet completely collected. But the two figures standing at the head and foot of the list—namely, those indicating the death-rate (1) in our large and metropolitan hospitals, and (2) in private country and provincial practice—are more precise and definite, as the data on which they are founded have been fully collated and summarised.* These two series of returns point to the following important inference:—

PROPOSITION III.—*Limb amputations are more than three times as fatal in our large and metropolitan hospitals than the same operations are in private country and provincial practice.*

This contrast, however, in regard to the relative perils of the four major amputations of the limbs, requires to be stated more explicitly and in various correlative propositions, as it bears greatly upon the present discussion. Let me therefore premise that above twenty years ago I published the opinion that a great saving of human life would be effected in our hospitals—(1) medical, (2) obstetrical, and (3) surgical—if they were all changed from palaces to villages, and from large wards into isolated rooms.† At that time no statistical proofs had, as far as I was aware, been collected on the subject.

I elsewhere‡ pointed out two years ago that any direct evidence on the question of (1) *medical* hospitals was still wanting. But perhaps it will yet be found, in ascertaining the relative mortality of typhus or typhoid fever, or some other medical disease, as treated in hospitals or at the patients' own homes, in the city or in the country.

Latterly, large statistics have been collected on the same question in relation to (2) *obstetrical* hospitals. Dr. Lefort of Paris, for example, in a remarkable work on Maternities, has collated the results of nearly a million women delivered in the lying-in hospitals of Europe, and nearly an equal number of pauper patients confined in their own homes, with the following results:—

TABLE III.—*Relative mortality attendant on parturition among poor patients delivered in lying-in hospitals and delivered at their own homes.*

Of 888,302 delivered in hospitals...30,394 died, or 1 in 29.
Of 934,781 delivered at home ..... 4405 died, or 1 in 212.

These two sets of patients belong, according to Dr. Lefort, to the same class of society; and, without entering into various questionable points connected with the table, we cite it here as sufficient to show—what is now generally acknowledged—namely, the greater danger to life which women undergo who are confined in lying-in hospitals, as these and other hospitals are at present constructed and conducted.

* See Edinburgh Journal of Medicine for March and June, 1869.
† Edinburgh Journal of Medical Science, for Nov. 1848, p. 328.
‡ Transactions of the Social Science Association for 1867, p. 116.

Two or three years ago* I suggested as an important correlative question in regard to surgical patients in (3) *surgical* hospitals, as compared with surgical patients treated at home, that the same law holds good in respect to them as in respect to obstetrical patients. In other words, are not operations relatively more dangerous and fatal among the poor patients lodged in the wards of our large hospitals than among the poor patients who are submitted to the knife of the surgeon in their own isolated dwellings?

The criterion most frequently adopted for testing the general success of surgical operations as a whole—under different conditions and in different hospitals—is the relative mortality of the four major amputations of the limbs. For limb amputations do not require for their execution any such high exercise of surgical skill as herniotomy, lithotomy, excision of joints, and other operations do; and besides, limb amputations are performed in such numbers, both in hospital and private country practice, as to afford an adequate basis of comparison.†

In consequence I have collated and published the results of 2098 limb amputations performed in country private practice, and 2089 limb amputations performed in our large and metropolitan hospitals. The difference between these two classes of amputations is shown in the following table:—

TABLE IV.—*Relative mortality between two series of limb amputations in rural practice and in the practice of our large and metropolitan hospitals.*

Total country cases, 2098; deaths, 226, or 1 in 9 died.
Total hospital cases, 2089; deaths, 855, or 1 in 2½ died.

But the contrast between the success of limb amputations in rural private practice, and in city hospital practice, becomes even more marked when we use for comparison the results obtained by experienced country surgeons with the results obtained by city hospital surgeons, who are relatively much more experienced in such operations than is the general run of country medical men. In other words, it may be laid down as another

PROPOSITION IV.—*In country practice increased experience in amputations gives a still higher ratio of success to the results of the operations.*

The 2098 limb amputations which have been reported to me from the country were performed by 374 practitioners.

Of these 374 medical gentlemen, 255 had amputated less than six times; 72 of them only once; 82 twice, &c.; and altogether they had removed 629 limbs. Of the 374 practitioners, 72 had amputated from six to twelve times, and removed 648 limbs in all. While of the 374 the remainder (37) had amputated twelve times or oftener, and had cut off altogether 821 limbs.

The bearing of the effects of experience upon the results is shown in the following table:—

TABLE V.—*The death-rate of limb amputations in country practice as so far varied by the experience of the operators.*

Those who had under 6 amputations .....lost 1 in 7.
Those who had from 6 to 12 ditto .....lost 1 in 9.
Those who had 12 or more ditto .....lost 1 in 12.

The result is thus so far influenced that—as shown in the last line of the table—the experienced country surgeon operating upon his patients generally in cottages and villages, is, as compared with the experienced city surgeon operating upon his patients in rich and magnificent hospitals—*five times more successful.*

In supplement to Proposition III. we may add as—

PROPOSITION V.—*Limb amputations in country practice are far more successful as compared with the practice of large hospitals, not only when taken as a whole, but when the amputations are taken singly and individually.*

Under the third proposition we have compared together the country and hospital mortality attendant on the four major amputations of the limbs when considered together or as a whole. The four single amputations, when taken individually, present—as might be expected—analogous differences. Out of 669 amputations of the thigh collated from country practice 123 died, or about 18 per cent.; out of 935

* Transactions of Belfast meeting of Social Science Association.
† According to Professor Lawrie, amputation "in hospitals exceeds manifold all the other capital operations combined."—*Medical Gazette* for Dec. 1840, p. 394.

amputations of the thigh in our large hospitals 435 died, or about 46 per cent. Out of 618 cases of amputations of the leg in country practice 82 died, or 13 per cent.; while out of 613 leg amputations in hospitals 270 died, or 44 per cent. Out of 344 cases of amputations of the arm in country practice 14 died, or 4 per cent.; while out of 297 similar cases in our large hospitals 110 died, or 37 per cent. And out of 378 cases of amputations of the forearm in country practice 2 died, or about ½ per cent.; while out of 244 cases of the same operation in hospital practice 40 died, or about 16 per cent. These data may appear more clear if tabulated thus:—

TABLE VI.—*Differences in the percentages of death after individual amputations as observed in 2089 limb amputations in hospital practice, and 2098 in country practice.*

Site of amputation.	In large hospitals.	In country.
Thigh	46 in 100	18 in 100
Leg	44 „	13 „
Arm	37 „	4 „
Forearm	16 „	0·5 „

The preceding data point to a still more important and unexpected result, which may be stated in another proposition as follows:—

PROPOSITION VI.—*The contrast between the mortality of amputations in country practice as compared with hospital practice is proportionally more marked and pronounced in the slighter than in the greater amputations of the limbs.*

The four amputations of the limbs vary in their mortality, as is well known, in the following order—namely, 1, and most perilous, the thigh; 2, the leg; 3, the arm; and 4, the forearm. The fatality, however, attendant in country practice, as compared with city hospital practice, upon amputation of the thigh, is much less marked than is the difference attendant upon amputation of the forearm. The following table points out this and other circumstances pertaining to the present proposition:—

TABLE VII.—*Contrast of the death-rates in country and city hospital practice among the four major amputations of the limbs.*

Individual amputations.	Death-rate in hospitals.	Death-rate in country.
Amputation of thigh ...	1 in 2 die	1 in 5½ die.
Amputation of leg	1 in 2½ die	1 in 7½ die.
Amputation of arm ...	1 in 2½ die	1 in 22 die.
Amputation of forearm..	1 in 6 die	1 in 189 die.

Thus, whilst in amputations of the lower extremity the success of country operations over hospital operations is somewhat about three times greater, that of amputations of the arm in the country is about eight or nine times greater than in the practice of our large and metropolitan hospitals. And the relative differences in amputations of the forearm under the two conditions are so marked as to deserve some separate consideration—the more so as Mr. Holmes adverts to them specially.

PROPOSITION VII.—*Amputations of the forearm are about twenty or thirty times more successful in country practice than in the practice of our large and metropolitan hospitals.*

In his account of the amputations at St. George's Hospital, Mr. Holmes discards the statistical worth of a tabulation of amputations of the forearm in the following terms: "Nor have I thought it necessary to tabulate the amputations of the forearm, inasmuch as death after this operation is so rare that no useful end would be gained by such tabulations." *

I believe that Mr. Holmes will get few or no statisticians to join him in this peculiar opinion, for in reality the statistics of forearm amputation are—in such an inquiry, for example, as the present—full of paramount interest and importance.

In my collection of 2098 country and 2089 hospital amputations, the proportions of forearm amputations and their results stand as follows.

TABLE VIII.—*Numbers and relative fatality of forearm amputations in country and in hospital practice.*

In country practice, out of 378 cases, 2 died, or 1 in 189.
In hospital practice, out of 244 cases, 40 died, or 1 in 6.

* See St. George's Hospital Reports, vol. i.

With reference to these 40 forearm amputations in the last line, Mr. Holmes demands how is it possible to know that this excess of 40 deaths in hospital practice "is caused by hospital arrangements without knowing the *causes* of death?" and he cites a conversation with me on the matter, in which it seems I mentioned the *causes* of death were not necessary elements in an inquiry into the simple *rates* of death after forearm or other amputations under different conditions of practice. Mr. Holmes has here, it appears to me, confounded two things that are quite different, or rather two different and distinct kinds of inquiry. In Table III. we have seen Dr. Lefort laying it down as the result of his extensive statistical investigations into the mortality of parturition in hospital practice and in home practice, that whilst 1 in 29 women die who are delivered in hospitals, only 1 in 212 die who are delivered in their own isolated homes. That important statistical induction as to the high rate of death of women in lying-in hospitals, is a deduction totally independent of what is the cause of death in these "1 in 29 women" who thus die, according to Dr. Lefort, in our maternity hospitals after parturition. The causes of the excessive mortality of parturient women in hospital practice form a totally different question from the mere statistical fact of that great excess itself. So, in the same way, the startling fact that amputation of the forearm is 20 or 30 times more dangerous and lethal in the practice of our large and metropolitan hospitals than in private country practice, is a fact totally independent of what are the causes of death which lead to this peril and fatality in the wards of our palatial hospitals from comparatively so simple an operation, and one, seldom or never almost, either preceded or followed by any great shock to the system, such as we see in amputations of the thigh and leg. The *rates* of death and the *causes* of death after amputations are, in short, two different questions.

But the causes of such mortality form a subject of investigation which, while it is distinct from, is at the same time second only in importance to, the ascertainment of the mortality itself. Mr. Holmes seems inclined to argue that the causes of the excessive mortality of the forearm amputations in hospitals are not traceable to "hospital unhealthiness." But we may lay down the contrary as a simple and just inference—thus:

PROPOSITION VIII.—*The deaths after amputation of the forearm in hospitals result, in the main, from those pathological causes which are usually ascribed to morbific hospital influences.*

The general and acknowledged cause of death after operations in hospitals is some of the forms of surgical fever—as pyæmia, erysipelas, phagedena, &c.

Mr. Holmes himself has ably described these complications as the general pathological causes of death after surgical operations in surgical hospitals. "All surgeons" (observe he and Dr. Bristowe in their Report, p. 544) "attached to large metropolitan hospitals are aware that their operations are apt occasionally to be carried off by the supervention of erysipelas, pyæmia, or hospital gangrene, or some allied unhealthy form of inflammation. ..... Their frequent recurrence, or their prevalence in an endemic form, is an indication of unhealthiness in the hospital. ..... Erysipelas sometimes, but not frequently, proves fatal to surgical operations. Pyæmia is certainly the *most* commonly fatal of secondary surgical affections." (p. 546.)

In THE LANCET for August 14th, Mr. Holmes states that during the last fourteen years 4 patients have died in St. George's Hospital out of 41 upon whom amputation of the forearm has been performed. In the St. George's Hospital Reports, vol. i., he gives an account of the causes of death in these cases as follows. "One died of pyæmia in fifty-two days." (p. 297.) In a second fatal case "the wrist-joint had been disorganised by an attack of pyæmia, from which the patient had recovered. It became necessary to remove the hand, but the pyæmia recurred, and he died on the forty-fifth day, after amputation." In a third case "the patient died of secondary hæmorrhage on the thirty-third day, the vessels being diseased." "No hospital arrangements (pleads Mr. Holmes in his paper in THE LANCET) will prevent brittle arteries from bleeding sometimes"; but in isolated country practice, the vessels, and indeed the wound itself, would in all likelihood have been closed, and all chances of hæmorrhage averted, long before the thirty-third day of the cure. In the fourth fatal case, which, says

Mr. Holmes, "was a primary amputation," the patient (aged eighty-one) was attacked with senile gangrene in the legs, and "she died on the thirty-eighth day" (p. 299). In THE LANCET for August 14th, Mr. Holmes states that in the Amputation Book of St. George's Hospital, kept for the last sixteen years, "there have been 4 deaths after amputation of the forearm among 41 cases," giving a mortality of 1 in 10. But Mr. Holmes has described in his paper in THE LANCET what is apparently a fifth case. To use his own words, "the man was very old—nominally sixty-seven, really perhaps many years older,—and obviously near the end of his life when admitted. The operation was done to free him from the exhaustion caused by abscess of the wrist; but he gradually sank, as he had been sinking before admission," &c.*

Without stopping to debate whether these cases chiefly sank, as I think, from causes of death pertaining more or less to hospitalism and its effects, let me add that the experience of other hospitals leaves no doubt on this subject.

Mr. M'Dougall and Dr. Aitken have, for example, ascertained for me the registered causes of death in the fatal cases of amputation of the forearm that have taken place in the Edinburgh Infirmary during the last four years; for it seemed quite unnecessary to push the inquiry further. From 1864 to 1868 there occurred in the infirmary 23 primary amputations of the forearm with 5 deaths, and 9 secondary or pathological amputations with 4 deaths. The cause of death in 1 of the primaries is noted as unknown or unascertained; in 2 it resulted from tetanus; and in the remaining 2 from pyæmia. Of the 4 deaths after amputation for disease, 1 was entered as from shock, and the 3 others all died from pyæmia.

Of 8 deaths after amputation of the forearm at Guy's Hospital, Dr. Steele informs me that 3 were from pyæmia; a fourth was from pleurisy (perhaps merely one form of pyæmia); a fifth from tubercular phthisis; and a sixth from phagedenic sloughing and pleurisy (possibly pyæmic). A seventh death was from tetanus; and the eighth from cancer of internal organs.

Perhaps another piece of evidence in regard to the fatality of forearm amputations in hospitals may be added. Mr. Holmes and Dr. Bristowe had, as already stated, an opportunity given them by the Lords of the Council of visiting the hospitals of Paris, and of inspecting them and "their records." They have published, as we have already seen from these official records, the amputation statistics of the Parisian hospitals for 1861. In the authorised records of that year, as published by M. Husson, there are reported 7 cases of amputation of the forearm in the different Parisian hospitals. Of these 7 cases, 4 died. Of the 7 cases, 4 are noted as having been attacked with erysipelas; 1 of the 4 had in addition abscesses, and 1 is entered with "purulent" infection or pyæmia,—all of them so many forms and varieties of that surgical fever which is so destructive in hospitals.

In M. Husson's Report of the Statistics of the Hospitals of Paris for the subsequent year (1862) 18 cases of amputation of the forearm are recorded, with 6 deaths. The cause of death after one of these 6 fatal forearm amputations is not reported. Of the remaining 5 cases, one died of phthisis, a second of erysipelas, and the remaining three of purulent infection or pyæmia.

When speaking of the "enormous" death-rates after limb amputations in the Parisian hospitals, as compared with the London hospitals, Mr. Holmes and Dr. Bristowe remark that "pyæmia and such diseases are in great measure the causes of these alarming results." So are they also the apparent causes of the higher death-rates after operations in our own large as compared with our smaller British hospitals, and of the "alarming results" attendant upon amputations of the forearm in country practice and amputations of the forearm in hospital practice.†

After such evidence, no surgical pathologist will, I am inclined to believe, be disposed to deny that the excess of mortality of forearm amputations in hospital practice, as compared with country practice, is mainly and directly due to deleterious hospital influences. For, according to Mr. Holmes's own evidence in regard to deaths after amputation in hospital practice, "the rate of mortality varies with the prevalence of pyæmia;"* and in the above extracts we have seen how greatly pyæmia with its congener types of disease were mixed up with these fatal cases of forearm amputation.

As additional evidence of the relative safety of limb amputations, and consequently of other operations, in isolated country dwellings, as compared with hospital wards, let me add two paradoxical-like propositions regarding the greater safety, in rural practice, of double amputations, and of amputations upon the aged.

PROPOSITION IX.—*Double amputations are very fatal in hospital practice, but are recovered from in private country practice in as great proportion as single amputations are recovered from in large and metropolitan hospitals.*

I do not know of any statistics to show the mortality attendant on double amputations on the same individual in hospital practice; but they are known to be extremely fatal especially when one of the two amputations is of the thigh. Out of the last 10 double amputations performed in the continuity of the bones of the extremities in the Infirmary of Edinburgh, all the 10 perished.

Out of 23 double amputations reported to me and performed in country practice for complex injuries, making 46 limb amputations in all, only 7 of the patients died—less than 1 in 3. In our large and metropolitan hospitals the mortality already stated attendant upon *single* amputations is greater than this, as already shown in Tables I., IV., &c.

PROPOSITION X.—*Limb amputations, when performed on persons above seventy years of age, form very fatal operations in hospitals; but in isolated rooms in country practice they are not more lethal than are limb amputations in hospital practice when executed upon persons of all ages.*

In his excellent paper on the statistics of the hospitals of Paris, published in 1862, Mons. Trelat remarks, with reference to the mortality of amputations, that "beyond seventy years of age it (this mortality) becomes so large as 95 per cent.—that is, 1 only recovers out of 20 operated on." Hence, M. Trelat, remarks Dr. Ranking, "reprobates amputation in those above seventy years of age."† In a similar spirit Mr. Holmes observes, in regard to limb amputations after the age of seventy, "the larger amputations would be hardly justifiable except for accidents, though even here the prospect of recovery is so slight that it becomes a question whether it would not be better to allow the patient to die unmolested by the operation."‡

But while limb amputations are very deadly and fatal when performed upon the old in our rich hospital wards, the very same operations are not more fatal to the old, in rural practice, than are limb amputations performed upon people of *all* ages in our large and metropolitan hospitals. In the 2098 country amputations reported to me, 22 are incidentally stated to have been performed on persons above seventy. Of these 22 cases, 6 were amputations of the thigh, 9 were amputations of the leg, 5 of the arm, and 2 of the forearm.§ Of the 22 patients 8 died, or 1 in 2·7; whilst the mortality in our large and metropolitan hospitals, in limb amputations, upon persons of *all* ages, is 1 in 2·4.

In his paper in THE LANCET, Mr. Holmes propounds a surgical syllogism: "No hospital arrangements (says he) will make an old man into a young one." I subscribe to this position; but at the same time I submit that in the preceding facts we have something not unlike Mr. Holmes's own suggested metamorphosis effected—as far at least as regards the power of sustaining the dreadful operation of dismembering a human being. It seems to be effected, further, by no sorcery more weird and mystical than placing aged patients, when they are to be operated upon, out of the conditions of hospital aggregation, which he recommends, and *into* the conditions of separation and isolation which I have ventured to recommend. And if such simple

* If this is, as it appears, a fifth case of death, then the mortality in forearm amputations at St. George's in the sixteen years referred to would be 5 in 40, or 1 in 8. It appears not to be the fourth fatal case referred to in Mr. Holmes's paper in the St. George's Reports, because the patient was a male, the other a female; the operation was for disease, and not "primary"; and the patient was sixty-seven years of age or more, the other eighty-one years.

† The 3 fatal cases reported to me after amputation of the forearm, out of 378 cases operated on in country practice, are both returned as having died of "gangrene."

* See St. George's Hospital Reports, vol. i. p. 328.
† See Ranking's Half-yearly Abstract of Medical Sciences, vol. xxxvi., p. 197.
‡ See St. George's Hospital Reports, vol. i., p. 301.
§ See the Edinburgh Journal of Medicine for June for further details.

necromancy produce such very strange and unexpected results upon very old surgical patients, why should it not produce equal and corresponding salubrious changes upon surgical and other patients of all ages?

(To be continued.)

ABSCESS OF THE LIVER.

A NEW TREATMENT, EMPLOYED SUCCESSFULLY IN FOUR CASES.

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(Concluded from p. 79.)

IN all deep abscesses of a phlegmonous character we meet with the same successful results.

A private belonging to the 4th (King's Own) Regiment, was admitted into the Ghizree Sanatorium early in 1862. He was suffering from a large abscess in the psoas region. After the application of two caustic issues he rapidly recovered.

I have endeavoured to prove, as far as possible, in the first part of this paper, the great analogy existing between an ordinary phlegmonous inflammation and hepatitis, and between the abscess resulting from the first with the one due to the other. It is this great similarity which induced me to apply to hepatic abscesses the treatment which in other phlegmonous abscesses had given me such favourable results.

I will now give a summary of the four cases of hepatic abscesses where caustic issues were applied. Three of them came under my care whilst in charge of the Ghizree Sanatorium in 1862; and I have since received reliable information as to the health of these men, and am able to assert that, in the three cases, the recovery has been complete. The fourth case was treated by Dr. M. Skues, of H.M.'s Depôt, Kurrachee, who kindly forwarded me the summary here given textually.

CASE 1.—Hugh E——, private in the 4th (King's Own) Regiment, aged twenty-six years. Completed years of service seven years, five of which were passed in India. He was admitted into the Ghizree Sanatorium on the 19th of May, 1862. The diseases were intermittent fever and hepatitis. He was a spare-built man, looking very much worn out; much reduced in flesh and strength. Came from Hyderabad. He had previously suffered from hepatitis; but did not complain of the liver whilst at Ghizree.

On the 5th of July he complained of an uneasy feeling in the right side. There was a certain dulness on percussion perceptible between the sixth and the eighth ribs; none in the epigastrium. Tongue clean; bowels open; stools well coloured; pulse 74, equal and small. Dry cupping to the side; to take an aperient draught.

July 9th.—Dull pain in the right side. Pulse 86, small and compressible. Had several cold shivers yesterday. A tumefaction exists between the sixth and seventh ribs posteriorly, painful on deep pressure, and dull on percussion. He cannot rest at all on the left side. Two applications of Vienna paste, of the size of a rupee, were made on the tumefied parts. Ordered a saline aperient, spoon diet, and two ounces of wine.

16th.—He is weak; appetite moderate. The eschars have not yet fallen; the tumefaction is less. Ordered extract of taraxacum, one scruple; dilute nitric acid, twenty minims; quinine, ten grains; water, four ounces: half to be taken morning and evening. Morphia, half a grain at bedtime. Spoon diet; wine, two ounces; brandy, one ounce.

25th.—Much less dulness on percussion in the side, but some at the inferior margin of the ribs, where deep pressure provokes pain. Two applications of Vienna paste to the painful part.

Aug. 6th.—He has of late much improved. Since this morning, however, he complains of fulness in the epigastrium. There is dulness on percussion; pain on deep pressure; pulse slightly frequent. Ordered a saline aperient; and a caustic application on the epigastrium.

11th.—The liver is much reduced in size, and much less painful on pressure. The issues discharge freely.

He was discharged on the 1st November, much improved in health.

He was afterwards invalided for syphilis consecutiva, and readmitted for that disease into the Ghizree Sanatorium on the 25th November. He left the Sanatorium at the end of February, to embark for England. During all that time he presented no symptoms of hepatitis or of hepatic abscess.

CASE 2.—Kehr V——, private, 109th Regiment, aged twenty-four years; three years' service, two years in Scind; admitted into Ghizree Sanatorium March 16th, 1862. He was suffering from abscess of the liver opened into the right lung, with abundant expectoration of pus. He was on admission weak and much reduced; pulse small and weak; hectic fever; the epigastrium and the hepatic region were tumid and painful; the liver was enlarged, compressing the inferior lobe of the right lung. Five caustics of Vienna paste were applied on the hepatic region. The treatment consisted also in diuretics, mineral acids, an occasional laxative, and afterwards preparations of iron and chinchona. After several relapses, the expectoration of pus was finally completely suppressed, the liver was much reduced in size, and health greatly restored. He was ultimately invalided, and joined the depôt at Kurrachee, where he so completely recovered that he applied to remain in India, having no more reason to go home.

CASE 3.—John D——, No. 566, private, 9th Regiment, admitted into Ghizree Sanatorium on April 1st, 1863; aged twenty-three; completed years of service, four years; disease, acute hepatitis. A weakly-looking man, sent from Hyderabad as convalescent from acute hepatitis. He suffered shortly after his admission from acute hepatitis and pleuritis, the latter disease having been brought on by the ulcerative inflammation succeeding the opening of an hepatic abscess through the right lung. On April 24th, when apparently in a much better state of health, and when all traces of pleuritis had disappeared, the cough suddenly returned, and was followed, after a very severe fit of coughing, by an abundant purulent expectoration. There were dulness and tenderness between the sixth and eighth ribs, weight and uneasiness in the hepatic region, and subcrepitant rhonchus between the sixth and eighth ribs. Treatment: Spoon diet, wine, taraxacum and acid.

April 26th.—Very abundant purulent expectoration, of a rosy colour, mixed with streaks of blood and mucus. No dulness under the false ribs, but some between the sixth and eighth. He cannot lie on the left side. Vesicular murmur heard all over the right side of the chest, and some large crepitant rhonchi heard between the fifth and eighth ribs. No pain, except on deep inspiration; but some sense of weight and uneasiness in the hepatic region. No cough, except to expectorate. Expectoration abundant, of about four or five ounces of pus daily. Pulse 90, small, regular; Skin warm; very weak. He was seen by Dr. Ritchie, who concurred in the diagnosis—namely, hepatic abscess opened through the lung. Five caustic issues applied between the fifth and eighth ribs. Decoction of chinchona, two ounces; ether, twenty minims: twice a day. Citrate of iron and quinine, six grains; with a sufficient quantity of the extract of gentian: twice a day. Wine and roast chicken.

May 4th.—Expectoration much reduced; issues discharging freely; feels better, but complains of great weakness; pulse small, but regular; no heat of the skin. Continue treatment, with porter and brandy.

9th.—Continues to improve and to gain strength; has not coughed nor expectorated for the last twenty-four hours. This morning, almost without coughing, he threw up about two ounces of pus speckled with blood. To have extract of taraxacum and mineral acid; iodide of iron, half a grain: twice a day.

10th.—Much expectoration this morning, about three ounces of pus mixed with blood; it came quite easily, and almost all at once, in the early part of the morning. Four caustic issues posteriorly between the sixth and eighth ribs. Continue treatment.

11th.—Only a little purulent and sanguinolent sputa this morning; no cough.

12th.—Expectorated this morning about a couple of ounces of dark blood, speckled with pus; complains of weakness; no cough. Continue treatment.

13th and 14th.—No expectoration whatever; feels better.

16th.—Doing well; improving rapidly; can draw a long breath without pain; fast gaining strength; respiration good; no abnormal sounds.

22nd.—Discharged to the convalescent ward. He gradually improved and gained strength. He remained at the Sanatorium for some time on account of dyspepsia; he was a great smoker. On no occasion did he ever complain of pain in the hepatic region; there was no recurrence of the expectoration or cough. Before I left the Sanatorium, though still weak, he was one of the "Sanatorium Cricketers."

CASE 4.—Henry B——, (No. 522), gunner R.A., aged twenty-four; seven years' service, five in India. He was sent to Kurrachee in the spring of 1862, to await an opportunity to join a battery up country, to which he had volunteered from the local service. While at this station in August last, he had a severe attack of acute dysentery, accompanied with hepatic tenderness, for which he was a month under treatment. In November he had a return of the complaint, for which he was admitted into hospital early in December.

Symptoms of abscess in the liver manifested themselves; and on the 21st the abscess broke into the lung. He spat up about 12 oz. of pus and blood, and continued to expectorate about a pint in the twenty-four hours. On the 16th of January, at my suggestion, four issues of Vienna paste were applied on the liver. After this the sputa gradually lessened in quantity; and by the end of February it had entirely ceased, when he was discharged to barracks, having gained flesh, and being much better than before his last attack. When the abscess burst his strength was supported by generous diet, and a moderate allowance of spirits and porter.

Few remarks are needed on these cases. In three of them the abscess burst through the lungs; and in one instance several successive abscesses formed in the substance of the liver. Perfect recovery in all the cases was the result obtained; and where no other morbid condition was present (as in Cases 2 and 4), the men so completely recovered as to be able to join their corps, though one had been previously invalided. In only one instance was it necessary to repeat the application of caustic paste. I may here observe that these men were all weak and debilitated, all of them having either suffered formerly from hepatic disease, or just recovered from some serious illness; all consequently cases very unfavourable for absorption to take place. Nevertheless that result was obtained. It will also be seen by the above summaries that diuretics, mineral acids, tonics, &c., were at the same time employed as useful auxiliaries, and that care was taken to support the strength of the patients by a generous diet. Nothing in such serious diseases should be neglected, however great in itself is the value of the external application of caustic. In the fourth case the issues alone had all the honour of the cure; as, on account of the great debility of the patient, Dr. Skues very wisely endeavoured to keep up the sinking strength of his patient by a well-regulated and generous diet.

Often we hear of a treatment over and over again successful in the hands of the first who employed it, and failing as frequently when again used by others. I believe that the majority of such unsuccesses are due to some slight differences in the *modus operandi*. In order to avoid, if possible, such discouraging results, I will give a few details on the preparation of the Vienna paste, its mode of application, and the ulterior treatment of the cauterised integuments.

The Vienna paste, "Potassa cum calce" (Ph. L.), is composed as follows: caustic potash, an ounce and a half; quick lime, two ounces. The two substances must be carefully reduced to powder in a heated mortar, and quickly mixed. The powder ready for use should be kept in a glass bottle, previously well dried, and well stoppered with a new cork or ground stopper. To use the powder, a few drops of alcohol are added to the quantity intended to be employed, and made into a soft paste, neither too hard nor too liquid. The paste should always be prepared at the very moment it is required. The paste, having been mixed on a piece of stone or marble, is then applied by means of a small spatula or blunt knife. Each application should be of the size of a shilling, and of about three times the thickness of that coin. The paste should always be applied between the intercostal spaces under the false ribs, or in the epigastrium, as the case may require; but never on the ribs themselves. The application should be allowed to remain for fifteen minutes. When it is taken off, the surface must be gently washed with tepid water acidulated with vinegar. A warm linseed poultice, renewed every second hour, should recover the issues for the next twenty-four hours, after which square pieces of adhesive plaster cut in the shape of a Maltese cross should be applied over them, and renewed every morning. If, however, a more rapid action be required, the poultice should be continued for several days. In from ten to fifteen days after the application the eschar falls, and the granulations rapidly reach the surrounding integument. The granulations must be cauterised with nitrate of silver early and daily, otherwise they have a tendency to protrude.

Bedford-street, Bedford-square, July, 1869.

MORBUS ADDISONII.

BY FRANCIS E. CLARKE, A.B. M.B. T.C.D.

THE obscurity attached to the uses and diseases of the vascular glands still renders them worthy of attention, as, notwithstanding the researches of Ecker, Kölliker, Œsterlen, Huxley, and others who have written on their minute anatomical characters and physiological functions, many of the theories advanced regarding them are but matters of conjecture. And although the discoveries of Dr. Addison concerning disease of the supra-renal capsules, followed up by the many cases recorded by Dr. Wilks and Mr. Hutchinson, have thrown much light on the subject, yet the relation between these organs and cutaneous discoloration being still a mystery, and the treatment as yet undetermined, reported examples of the disease cannot be uninteresting. For this reason I subjoin the following.

J. C——, a married man, aged thirty-eight, was examined on June 4th by Mr. Flexman, who kindly gave me the particulars, and subsequently obtained me leave to make a post-mortem examination. The patient had been ill two years and a half, at first under medical supervision, but latterly he had had none, thinking himself in decline. Had been always temperate, and never abroad, or the subject of any acute illness. Since first taken ill he has complained of constant debility, anorexia, occasional cephalalgia and vertigo, with frequent fainting fits. Bowels pretty regular at first, but latterly very costive, the stools being yellow and extremely offensive. Urine high-coloured, and passed in large quantities; skin of a very dusky smoky colour about the arms, inside of thighs, palms of hands and soles of feet, around umbilicus and in axilla. Elsewhere there was complete anæmia. The amount of leucocythæmia must have been excessive to account for this extreme pallor. He had never been the subject of either active or passive hæmorrhage. Lately complained of considerable pain about the epigastric and hypochondriac regions, extending to the lower part of the back, and for the few days preceding had appeared particularly affected in the right side during micturition. No tumour discoverable in left hypochondriac region or elsewhere. The day in question he had much bilious vomiting, and had passed an enormous quantity of high-coloured urine. Mr. Flexman, with erudite tact, at once diagnosed it to be Addison's disease, and, from his extremely asthenic condition, judged nearly immediate dissolution to be pending—an opinion which was soon verified, as the man died early the following morning.

Autopsy.—Spleen normal as regards position, but of immense size, measuring 8½ inches in length by 5 in breadth, weighing 12¾ oz., of a dark-red, congested colour throughout when cut into, and of extremely soft consistence. Kidneys very large and congested, much like those seen in the first stage of Bright's disease, the left being much the larger and softer of the two. The supra-renal capsules were very conspicuous, being of immense size and opaque yellow colour, like adipose substance, and intimately bound down to the adjacent structures. The coats of the stomach were very thick and white, a good specimen of hour-glass contraction being present about three inches and a half from the pyloric orifice. Both liver and pancreas seemed to be of an unusually light colour, but of normal size and position. All other organs appeared perfectly healthy.

The following case occurred under my own observation, a few notes of which I copy from my case-book:—

J. H——, a married woman, aged thirty-four, examined by me on April 21st. She had been confined seven weeks before, and subsequently suffered a severe attack of peritonitis; since which she has had abdominal pains, particularly referred to the right side, and extending back to the intra-scapular region. General and extreme anæmia; great languor and frequent fainting fits; cardiac and respiratory sounds normal; pupils normal. Sleeps pretty well except when disturbed by pain. Great discoloration is visible over the whole abdomen downwards, from a line drawn transversely about two inches above the umbilicus, and the whole appears much enlarged. The skin presents a dark coppery hue. Urine normal, sp. gr. 1018; neither albumen nor sugar can be detected. Quinine was ordered. Up to this she had been taking tonics at the instigation of others.

April 28th.—Pain now referred to both sides. Skin, if anything, of a darker colour; the abdomen looking quite like that of a mulatto; hands now partially discoloured. Ordered drop doses of creasote, with three grains of sulphate of iron, three times daily; the baby to be weaned, and every nourishment given.

May 4th.—Abdomen, which had been much swollen, is now reduced in size; discoloration the same; countenance less pallid; marasmus still present to a great extent.

From this time she gradually improved. I saw her at the end of May, and the discoloration had nearly disappeared; in fact she believes herself nearly quite well.

I believe this to be another example of morbus Addisonii, but whether the symptoms will reappear or not as yet remains to be proved. There was here the same evidence of splenic disease, as regards constitutional symptoms; but no physical sign was present, rendering its existence doubtful.

Dr. Hughes Bennett has shown that enlargement of any of those glands which he designates the lymphatic glandular system produces leucocythæmia; but certainly splenic enlargement is in general its cause, as demonstrated by Virchow, he even having distinguished by a different name the few cases of leucocythæmia which are independent of this disease. It would be interesting to know if splenic enlargement generally accompanies supra-renal disease. If the amount of leucocythæmia is as great in every case of it as in the foregoing, I should rather imagine it did; the spleen at all times affording the largest medium for the multiplication of blood-cells, and, *a fortiori*, when diseased, a proportionably larger one for their increased multiplication and "corresponding diminution in the formation of free nuclei, and consequently of coloured corpuscles." (Dr. Hughes Bennett.)

Splenic enlargement does not, however, give rise to the cutaneous discoloration as in that caused by hepatic cirrhosis or "ague cake." Although there is a considerable amount of splanchnæmia, the former is not present, being merely dependent on supra-renal disease, as shown by Dr. Addison. The cause of the discoloration still remains a mystery. I have remarked that it is most conspicuous in those regions where the sudoriparous glands are most numerous. Can there be any relation between them? Secondly, if their natural excretion were thereby retarded (which would account for the renal congestion I remarked in the post-mortem examination, as well as for the renal symptoms during life), the quantity of the white corpuscles being in excess at the same time, might not this give rise to a pigmentary deposition in those same localities on the rete mucosum?

As to the administration of creasote, I can only speak from the experience of this one case, where, in combination with sulphate of iron, it appeared to produce considerable good effect. I would certainly recommend its employment.

South Molton, June, 1869.

CASE OF RUPTURE OF THE ŒSOPHAGUS; DEATH.

By JOHN GRIFFIN, M.D.

MR. W——, an innkeeper, a healthy man, forty-nine years of age, after partaking at 1 P.M. of a luncheon of beef-steak pie, went, at 5 P.M., to a rent-day dinner, where he partook moderately of salmon, ducks and peas, a small piece of plum-pudding, three glasses of port wine, and half a glass of beer. Feeling sick, he went into the stable, where he retched violently three times, the last time feeling, as he expressed it, as if something "gave way." Becoming worse, he walked home, and I was summoned at 8.30 P.M. I found him walking about his house, in great pain about the epigastrium and region of the heart, cold extremities, and his face bedewed with cold perspiration. He said he wished to be sick, but could not bring anything up, and that the plum-pudding had, as usual, disagreed with him. I ordered him into a warm bed; and presuming, from the spasmodic character of the pain, that his stomach was overloaded with undigested food, gave him an emetic of hot salt-and-water and mustard, the vomiting to be followed up by an antispasmodic mixture. At 10 o'clock I saw him again. He said he felt a little better, was warm, pulse 76, no difficulty of breathing, but had not been sick; great thirst. I then gave him two aperient pills, directed a dose of castor oil in three hours after, if necessary, and requested to be called if he became worse. At 5 A.M. I was summoned, and found him labouring for breath, pulse 125, great restlessness, and, strange to say, emphysema of the cellular membrane above both clavicles. On applying the ear to the left side of the chest, to which part he constantly referred the pain, it was quite evident that there was a large quantity of fluid of some sort in the pleura. At my request, my friend Mr. Grimbly was sent for in consultation. Enemas, &c., were used without any effect, and at 10 A.M. he died of asphyxia. His face was livid for some time after death.

At 7.30 P.M. on the same day, a post-mortem examination was made in the presence of several medical friends. The body was healthy and well developed. Bowels tympanitic. The abdominal viscera were healthy, and the liver slightly enlarged, but not diseased. On removing the sternum, and opening the left pleura, a quantity of fluid, amounting to three quarts, resembling pea-soup, and containing a few pieces of peas and fish, was discovered; the lung was completely collapsed; the right pleura contained a quantity of bloody serum only. On carefully removing the stomach and œsophagus, a longitudinal slit, about an inch in length, was discovered in the lower part of the œsophagus, immediately above the diaphragm, through which portions of meat had passed, and, of course, all the fluids he had taken to quench his thirst, with the medicines, &c.

The case is a very peculiar one. There can be no doubt that the violent effort of vomiting had forced a large quantity of the contents of the stomach suddenly into the œsophagus, and thus caused the rupture. Two things, however, remain to be accounted for: the emphysema, and the little disturbance of the breathing for so long a period after the rupture into the left pleura. No lesion of the upper part of the pleura could be discovered. I may say that the coats of the cardiac orifice of the stomach were rather thin, and that there were two or three ecchymosed spots in that region.

Banbury, August, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.

WOUND OF APEX OF RIGHT LUNG; HÆMOPTYSIS; EMPHYSEMA; RECOVERY.

(Under the care of Mr. JOHN BIRKETT.)

WOUNDS of the lungs are not often seen in civil hospitals. The following case is especially interesting on account of the *site* of the wound and its *direction*. Inflicted with a

sharp-pointed instrument, there were no circumstances unfavourable to a rapid healing of the wound; and the question as to the propriety of closing its edges, or leaving them apart, is well illustrated by the happy result of this case. But the proximity of the wound over large bloodvessels rendered it probable that either the subclavian artery or vein might have been cut, especially as the girl stated blood flowed freely at first. Probably, however, the knife was diverted by the clavicle obliquely backwards, instead of downwards, and so, passing over the bloodvessels, it punctured the apex of the lung only.

A healthy girl, seventeen years old, was admitted one evening in April last, on account of a stabbed wound of the thorax, a little above the right collar-bone. The injury having been inflicted during a broil, there was some difficulty in obtaining correct information on all points. The girl said she was not aware of the wound having been inflicted till she saw the blood flowing. A sharp-pointed clasp knife was the weapon used. When admitted, one hour after being hurt, she spat blood. The wound, half an inch in length, was close to the upper border of the centre of the right clavicle; its long axis was slightly oblique to that bone. The blow was probably delivered from above, and, perhaps, impinging against the collar-bone, was directed downwards, thus avoiding the subclavian artery and vein. There was slight difficulty in breathing, and the respiration was hurried. A piece of dry lint was strapped over the wound. The girl said she had lost a good deal of blood, but there was little flowing on admission, and none afterwards. The wound was three-eighths of an inch long. The next day the respiration was 28 in a minute. She had passed a tolerably good night; the pulse was not affected except as regards frequency, being 100 per minute; and the surface temperature was noted at 99·4°.

Emphysema was perceptible around the wound. Its edges were united, but Mr. Birkett soaked a piece of lint in collodion, and fixed it over the part. Absolute repose was positively enjoined, and carefully carried out; for the patient feeling no pain, and scarcely inconvenience, could not understand the necessity for such restriction. Moderate diet was allowed. In the evening the respiration was less frequent.

On the third day the emphysema had disappeared. She had not coughed up any more blood, and in every respect she was progressing favourably. The registrar, Mr. Davies-Colley, observed that the right infra-clavicular region was more resonant than the left, but not tympanitic. Respiration in the right apex inaudible; on deep inspiration only slight tubular sound. No vocal resonance. The patient was kept perfectly at rest, and a gentle aperient was once given. The diet was more liberal as convalescence advanced.

On the twelfth day after injury there was no dulness on the right side of the thorax, but a marked deficiency of respiration at the right apex, and down the lung the respiratory murmur was mumbling in comparison with the left side. Posteriorly the quality of the voice was altered. The wound was quite healed.

A few days afterwards she left the hospital quite well.

MIDDLESEX HOSPITAL.

RETROFLEXION OF UTERUS IN A SINGLE WOMAN, CAUSED BY LIFTING A HEAVY WEIGHT.

(Under the care of Dr. HALL DAVIS.)

THE treatment pursued in the following case, and which was successful, was simple. Dr. Hall Davis tells us that he always adopts it in uncomplicated cases in the first instance, not resorting to local depletion on the one hand, nor to mechanical appliances on the other, unless the former is indicated as a primary measure, or the latter becomes unavoidable, which is less frequent in single women.

C. H——, aged twenty-six, single, was admitted into Prudhoe ward on February 8th, 1869. Complexion fair, habit spare, aspect feeble, stature medium.

Menstrual history.—Catamenia only appear at long intervals. They were present one month ago, and are always accompanied by much pain, referred to the lumbar and epigastric regions.

History of present illness.—Three weeks ago, after lifting a heavy weight, she felt as if something was suddenly displaced. She then had a sense of weight and dragging within the pelvis, with much pain in the sacral region, and obstinate constipation. Fourteen days ago she caught cold, which aggravated her sufferings, and soon after she felt obliged to keep in bed.

State on admission.—The tongue is furred, pulse quickened, temperature normal, chest sounds good; rectum pressed upon by fundus and body of uterus, which are displaced downwards and backwards into hollow of sacrum. The os uteri is displaced a little forwards; the angle of flexion distinctly felt at junction of cervix and body of uterus. Catamenia present, having returned yesterday. The uterine sound passes easily through uterine orifice downwards and backwards into the cavity of the displaced body. On rotating the sound, the womb is reduced into its correct position; while on removal of the sound, the uterus is again displaced into its former malposition of retroflexion.

Treatment.—The bowels were well cleared out, and kept free by gentle aperients and enemata. The uterus having been reduced by the sound, the patient was placed in the prone posture, and impressed with the absolute necessity of lying continuously upon her abdomen. Cold water injections into the vagina were practised daily. After three weeks' persistence in this treatment (the organ not being allowed to remain unreduced, if, as it did sometimes after action of the bowels, it became again displaced), she was permitted and enabled to walk about the ward without any recurrence of the malposition. She took, during the latter days of her stay, some tonic medicine, and left convalescent at the end of a month from her admission. She was enjoined to avoid making any strong efforts of lifting, &c., for some time to come, and to avoid constipated bowels. She returned twice subsequently for observation, when the uterus was still found in correct position.

WESTMINSTER HOSPITAL.

INFLAMMATORY ŒDEMA OF THE LARYNX, ENTIRELY CONFINED TO THE SUBGLOTTIC REGION, WITHIN THE RING OF THE CRICOID CARTILAGE; TRACHEOTOMY, WITH GOOD RECOVERY AND CURE; CLINICAL REMARKS.

(Under the care of Sir DUNCAN GIBB and Mr. HOLTHOUSE.)

THE true nature of the disease in the following case could not have been understood without the means employed to effect an accurate diagnosis. A few years ago the case would have been set down simply as one of acute laryngitis; and had laryngotomy been performed instead of tracheotomy, the patient, according to the views entertained by Sir D. Gibb, would have had to wear a tube for the rest of his days—a misfortune which is obviated by the latter operation, as explained in the clinical remarks at the end of the case.

Henry S——, aged thirty, a sailor, was admitted Jan. 7th, 1869. He had been for some years at the "diggings" in Australia, and got wet to the skin several times. Two years ago he received several blows on the throat from the fist, which caused some hoarseness for the time, and he spat a little blood afterwards. Six months ago he caught a severe cold in India, and has been ailing ever since. The urgency of his present symptoms occurred quite recently, when he came under the notice of Dr. Corner of Poplar, who sent him to Sir Duncan Gibb on the day above-mentioned. At that time the dyspnœa was extreme, with noisy obstructive breathing, and a strangous, croupy cough; face flushed, as if suffering from pneumonia; great anxiety and restlessness. The voice was audible, yet it was an exertion to speak. He had an acute pain in the left side of the chest, and his pulse was extremely small and feeble. The structures about the neck were thin, and he had a large and prominent thyroid cartilage.

Laryngoscopy was quite easy, and caused no discomfort. The epiglottis was normal, and so was the entire larynx above the vocal cords. The glottis was fixed and motionless, and a little over a line wide at its posterior part. Beneath the left vocal cord a globular swelling was seen, extending across to the right side; it was of a deep pinkish-red, and was clearly acute œdema of the left subglottic

space within the ring of the cricoid cartilage, from acute inflammation in that region. The vocal cords were of their natural colour and appearance, but necessarily paralysed in their action by the subglottic disease; yet they were close enough to nearly meet and produce vocal sounds in attempts to speak. The space for breathing, however, being very narrow, and likely to become more so every hour, the patient was sent to Westminster Hospital by Sir D. Gibb, and at once admitted.

Tracheotomy was performed by Mr. Holthouse at 2 P.M. The operation was somewhat difficult and tedious, because the patient had frequently to sit up to get his breath, and the use of chloroform was quite out of the question. The relief was immediate and decisive: the cough and other symptoms at once improved, the severe pain in the side got better, and the pulse became stronger.

Jan. 8th.—Has progressed without an untoward symptom, and has taken more nourishment in the shape of beef-tea, brandy, &c., than he had done for the last three weeks. Can speak audibly and well, with his finger on the tube, and even without; but is prohibited from doing so. The pulse is good, but rather quick.

On the 9th the tube was taken out, and could not be re-introduced until the opening was a little enlarged. He went on tolerably well; and by the 19th was sitting up, and his voice pretty good. Has been taking iodide of potassium since the 11th. The subglottic œdema has somewhat subsided.

22nd.—Feels very well; voice stronger still; but, although he eats and sleeps well, is getting thin. The medicine was therefore stopped, and cod-liver oil ordered.

By the 26th he was already stouter, never felt better, and was able to breathe upwards.

29th.—The laryngoscope revealed subsidence of the upper part of the subglottic swelling on the left side, a widening of the glottis, and slight action of the vocal cords. A little swelling was now seen low done on the right side of the subglottis, which was concealed by the left-sided swelling in the first instance.

Feb. 9th.—Breathes by the mouth for two or three hours at a time with his finger on the tube, showing that the passage is becoming clear upwards.

March 2nd. — Laryngoscopy with sunlight showed the glottis still wider, and the bright surface of the silver tube below it.

8th. — An abscess burst below the larynx, and several drachms of pus passed upwards by the mouth, with great relief to the breathing by the mouth. He continued to progress favourably after this, and left the hospital the first week in April, still wearing the tube. The weather was much against him, and he continued to pass a little blood and pus by the mouth for three or four weeks afterwards.

May 14th. — Is to sail before the mast on the 15th for Melbourne. Is now pretty well, and breathes upwards through the mouth for six or more hours at a time, with the tube stopped up by a cork. In the laryngeal mirror the glottis was almost wholly clear, except a little swelling at the posterior part of the right side of the subglottic space. He will still wear the tube as a precautionary measure at sea. A letter was given to him describing the nature of his malady, in the event of his requiring any medical assistance abroad.

Clinical remarks.—It is incumbent on us at the present day (said Sir D. Gibb), since our knowledge of laryngeal disease has become more accurate through the aid of the laryngoscope, to determine the real nature of the pathological forces at work in any case of acute inflammation of the larynx. If we find that the last condition has been followed by submucous effusion—and this is so in the great majority, if not in three-fourths, of the cases—then, for the safety of the patient, no less than for the determination of the operation to be performed, should such a measure become necessary, we must accurately diagnose whether the effusion or œdema occupies the upper or the lower division of the larynx,—in other words, whether it is above or below the vocal cords and the glottis which they form on approximation. If the upper part of the larynx is wholly or partially occluded by œdematous swellings, the result of supra-glottic œdema, following acute inflammation, we have evidence that the mischief is solely supra-glottic; and if it does not readily yield to the treatment pursued, a tube must be inserted in the neck below it to save life. On the other hand, if the upper part of the larynx is found perfectly free and uninvolved down to the vocal cords, as in the case recorded, and we can distinguish an œdematous swelling on one or both sides nearly obliterating the passage in the subglottic space below, to some extent filling up the ring of the cricoid cartilage, then immediate resort must be had to tracheotomy, for the loss of any time in treating the disease constitutionally is extremely hazardous. Under all circumstances, tracheotomy is the more suitable operation; for if the surgeon contemplates laryngotomy in such a case as that narrated, the tube will be plunged into the midst of the disease, which will then become hopelessly incurable, and the penalty resulting will be the necessity of wearing the tube for life. This risk is not so great in the supra-glottic form of œdema, because there the effusion is serous, and is readily absorbed; whereas, in the subglottic form, it is fibrinous, and becomes slowly absorbed, generally requiring a little constitutional assistance to effect it. In the great majority of cases, where a tube has been worn for years, it is the result of one of two causes; one, where it has been plunged into the crico-thyroid space into the subglottic disease itself; the other, where the tube is in the trachea, but the subglottic mischief has either remained unabsorbed, or has impaired the action of the cords, and produced a narrow glottis, from adhesions of some kind. The rule ought to become absolute—viz., when the diagnosis is clear, tracheotomy ought always to have the preference for reasons that must be apparent; and under any circumstances laryngotomy should never be performed when the laryngoscope has not been employed. My experience thus far has proved one important fact concerning œdema of the larynx, and it is that the two forms—the supra- and the sub-glottic—are seldom or never associated in any one case; and this only shows us the necessity of clearing up our diagnosis in every instance of laryngitis.

ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

THREE CASES OF TRACHEOTOMY.

DR. J. W. PATON, house-surgeon, has obliged us with the following cases and remarks;—

1. *Croup.*—(Under the care of Dr. Stephenson.)—J. S——, aged seventeen months, admitted September 18th, 1868. Since the 14th September he had been complaining of difficulty in breathing, accompanied by frequent, hard, dry cough and high fever. He had been attended at the out-door department, but his mother would not hear of tracheotomy, although this had been urged from the first, and four out of seven deaths in her family had been from croup.

On admission he was suffering from severe prolonged dyspnœa; face and extremities cold and blue. Inspiration greatly prolonged, and very little air entering the lungs. Tracheotomy was performed while in a comatose state.

After the operation, sponges wrung out of hot water were kept constantly applied over the opening of the tube for six days, so that a moist, warm atmosphere was inhaled. The temperature of the room was maintained at 70° Fahr. Two ounces of sherry were given daily, with milk and beef-tea *ad libitum*. During the first three days there was slight bronchitis; improvement, however, continued daily. The tube was changed for the first time on the fourth day; but on account of slight difficulty in breathing, it could not be removed altogether till the 18th of October. The wound healed quickly, and he was dismissed well on the 29th of October.

2. *Croup.*—(Under the care of Dr. Graham Weir.)—W. H——, aged four years, admitted October 5th, 1868. Since the evening of the 3rd of October he had been very feverish, and troubled with severe dry cough.

On admission he was breathing easily; respiration 24 to 30 per minute. Slight rhonchus over the upper half of left lung; no crepitation. Cough frequent, and brassy in character. He was ordered an ipecacuanha emetic, followed by twelve grains of grey powder in small doses, with Dover's powder; and one drachm of mercurial ointment was rubbed into the axillæ. Milk and beef-tea were given *ad libitum*, and poultices applied to the neck and chest. He

continued to improve till the morning of the 8th, when he had two severe paroxysms of dyspnœa. On auscultation crepitation was heard over the left side, and slight sibilus on the right. Great dyspnœa demanded tracheotomy at 9 A.M. Oct. 8th.

During the operation, respiration stopped, and the pulse became imperceptible. After getting the tube in, and removing some mucus from the trachea, artificial respiration by Silvester's method was kept up for fully ten minutes before the livid pallor of the face began to disappear, and the pulse could be felt. He was then lifted to bed, and the same plan of treatment as in the former case resorted to.

Although the secretion from the tube was very copious, he continued to improve daily. On the evening of the 10th of October two tubular pieces of membrane, each about an inch long, were ejected from the wound in the trachea, while the tube was being changed. Great relief followed, and marked improvement continued till the morning of the 12th, when he got a chill, through the temperature of the room being allowed to fall below 60° Fahr. He sank under acute bronchitis, with general emphysema, on the evening of the 13th.

Autopsy.—The cellular tissue of the upper half of the body was emphysematous, and the tissues round the trachea were indurated. Both lungs emphysematous throughout. The bronchi were filled with purulent fluid, and their lining membrane was congested. In the bronchi of the second size there was a very thin membrane adhering loosely to their walls. The mucous membrane of the larynx and trachea was covered with a thick tough membrane, which completely blocked up the rima glottidis. Heart normal. Abdominal organs congested; otherwise normal.

3. *Diphtheria.*—(Under the care of Dr. Graham Weir).—M. McD——, aged three years, admitted Oct. 19th, 1868. She was brought to the hospital complaining of fever, cough, and dyspnœa. Until twenty-four hours before admission she had been in her usual good health.

On admission, the skin was cold and livid, and the lips of a deep-blue colour. Pulse varying from 186 to 192, and very weak. Fauces congested. The uvula, both tonsils, and back of pharynx are covered with a hard, white, leathery pellicle. Respiration 64 per minute. Inspiration prolonged and dry. No rhonchus, but intensely tubular breathing over the whole chest. Ten minims of the tincture of iron were given in one drachm of sherry every hour, and the throat washed frequently with a gargle of the permanganate of potash. She had also milk and beef-tea *ad libitum*. Tracheotomy was performed as a palliative six hours after admission. Great relief and sleep were obtained. She died on the morning of the 21st, thirty-three hours after the operation.

Autopsy.—The tonsils, uvula, pillars of fauces, pharynx, interior of larynx, trachea, and bronchi, as far as could be traced, were covered with a tough white membrane. There was a small quantity of mucus in the bronchi. At the right apex there was some soft yellow tubercle, and at the base both lungs were congested. Heart normal. Blood fluid; only one small clot in right auricle. Liver and kidneys congested. The spleen was lying in a soft clot, adherent to it and to the mesentery. No rupture of the surface of the spleen could be detected.

Remarks.—In the first case, there can be no doubt that the life was saved by the operation, for coma had commenced, and death would inevitably have followed. In the second case bronchitis existed on admission over the upper half of the left lung, and from the easy condition of the patient it was hoped that by suitable treatment the bronchitis and croup might be arrested, and no operation required. This, however, was not realised, and the operation was performed under more disadvantageous circumstances on the 8th of October, crepitation existing over the left side. At first sight it would seem that no operation should have been performed under these circumstances; but the treatment in the first case (during the three days succeeding the operation, when there was bronchitis), and its result, led Dr. Paton to hope for a similar result in this one also. He thinks this was obtained, for the marked improvement till the morning of the 12th showed that, if the bronchitis was not diminished, it at least was not increased. It was impossible, however, to tell whether the crepitation had advanced to the right side, on account of the mucous râle in the tube. In the third case, the operation was performed as a palliative, not the faintest hope being entertained of recovery.

Reviews and Notices of Books.

A Treatise on the Diseases of Infancy and Childhood. By J. LEWIS SMITH, M.D., Curator to the Nursery and Child's Hospital, New York; Physician to the Infant's Hospital, Ward's Island; Professor in Bellevue Hospital, New York. Philadelphia: Henry C. Lea. London: Trübner and Co.

THE excellence of this book is one explanation of our not having reviewed it sooner. Taking it up from time to time we have been freshly interested in its various chapters, and so been led to defer writing our opinion of it. It is one of those works with which we are happily becoming familiar as coming to us from time to time from across the Atlantic, which contain all that is good in European works of the same kind, together with much that is original both in reflection and observation. It is astonishing how well the American writers succeed in gleaning, and yet giving a fresh character to their books. This work is an illustration, and pervading every chapter of it is a spirit of sound judgment and common sense, without which any work on any department of the practice of medicine is, to use the mildest word, defective.

Before entering on the Diseases of Infancy and Childhood, the author has eight valuable chapters on various subjects of general and preliminary interest, under the following titles: — Chapter I. Infancy and Childhood. Chapter II. Care of the Mother during Pregnancy. Chapter III. Mortality of Early Life; its Causes and Prevention. Chapter IV. Lactation. Chapter V. Selection of a Wet-nurse. Chapter VI. Course of Lactation; Weaning. Chapter VII. Artificial Feeding. Chapter VIII. Diagnosis of Infantile Diseases. The Diseases of Childhood are then considered: first, as affecting the great Systems of the Body; then come the Zymotics; then Diseases of the Skin; then a chapter on the Diseases of the Circulatory System. The book ends with sundry appendices.

We have sufficiently indicated our opinion of the book without going into details of criticism on its various parts. There are one or two chapters, however, which we think entitled to special praise: in particular, the one on Colitis, or intestinal inflammation in infancy. The carefulness with which this disease is portrayed and differentiated from common cholera infantum, with which its morbid appearances are defined (the liver is shown to be generally unaffected), and, perhaps above all, the care with which the influence of city conditions and artificial food in its production and continuance is described, make the chapter an extremely valuable one. It is an interesting feature of this book that Dr. Smith introduces into it many remarks on the prevalent diseases of New York and other parts and cities of America. The bearing of locality and climate on enterocolitis is very plainly shown. "There is no one disease," says the author, "except consumption, so prevalent and fatal in this city as infantile entero-colitis during the period of its epidemic occurrence in the summer months."

"Entero-colitis prevails most on low grounds near the seashore. But the state of atmosphere which is most favourable to its development is found only in the cities. The filthy streets containing more or less decaying animal and vegetable matter, the crowded and unclean tenement houses, the neglected privies, the slaughter-houses, pig-pens, bone-boiling establishments, and the like, are so many sources of the most deleterious effluvia, which, inspired by the infant, produce diarrhœa and intestinal inflammation. Those squares of the city where sanitary regulations are most neglected are the very ones where the mortality from this cause is largest."

In addition to the atmospheric element in the causation

of the disease, there is another, present in a large number of cases—namely, improper and generally artificial food.

It is facts like these which show us how potential social and climatic conditions are in the production of disease.

The morbid anatomy of entero-colitis is well described, on the basis of a large number of post-mortem observations. "In all cases except one—namely, in 81—there were lesions indicating inflammation of the mucous membrane of the colon." In Appendix B the state of the liver is carefully described, with the result of giving little corroboration to the belief that it is materially affected in this disease, and therefore little justification to mercurial or other treatment directed to this organ. Intussusceptions of the intestine are common in this malady.

As may be gathered from what we have said, the great hope for children attacked with this disease consists in better food, if possible a wet nurse, and removal to an elevated locality. Medicines apart from these have little power; but the best of them are alkalies, opiates, and astringents.

We are sorry that we cannot give further illustrations of the excellence of this book. There is one serious defect in it—an insufficient account of the diatheses, and of their effect in modifying disease and its tendencies. The different forms of infantile paralysis, too, might have had a larger illustration. These supplied, it will be one of the very best works of its kind.

The Sanitary Powers and Duties of Vestries as Sewer Authorities under the Sanitary and Sewage Utilisation Acts. By JAMES B. HUTCHINS, of the Medical Department of the Privy Council. 8vo. London: Simpkin, Marshall, and Co. 1869.

THIS pamphlet deals with a subject of singular importance, but one which has not received that attention which it deserves either from the public or the profession. Before the passing of the Sewage Utilisation Act of 1865, the practicability of sanitary improvement, so far as regulated by law, was limited to certain localities only in the kingdom. There were, as Mr. Hutchins points out, only two or three places which could execute works of public drainage. "Such places were," he writes, "as a rule, either those in which the Public Health Act, 1848, had been applied by Order in Council, or those in which the Local Government Act, 1858, was in force, by virtue of its being adopted by the inhabitants. But, in addition to these, there were other places where some, though perhaps not so extensive, works of the nature might be carried out; and they were corporate towns and places which were under the jurisdiction of Improvement Commissioners or trustees, in virtue of some local Act of Parliament."

It was left, in fact, to the option of the people whether they should obtain power, and effect sanitary works or not; and the result was that only certain populations sought that power, and took the necessary steps to bring themselves within the category of places to which sanitary legislation, prior to 1865, specifically applied. The effect of this state of the law was, as Mr. Hutchins justly states,—

"1. That the great mass of the villages, most small towns, and some large ones, had no powers, and were not under any obligation to do sewerage works at all; and

"2nd. That if they took powers for the object, they were still liable to injury from their neighbours' neglect."

To remove this state of things has been a principal object of recent sanitary legislation. By means of the Sewage Utilisation Acts of 1865 and 1867, and the Sanitary Acts of 1866 and 1868, it now happens that there is no part of the kingdom which has not the power to deal with its sanitary imperfections; and that what was formerly a permissive power to local authorities for needful improvements is now, in effect, made imperative. By this recent legislation, where no other recognised body exists for the execution of sewerage or other important and necessary sanitary works, the duty is charged upon the vestry, and thus the vestries become the local authority upon whom rests the responsibility of executing sanitary works over, probably, the greatest portion of the area of the kingdom.

It is of great moment that the duties thus confided to vestries, under the circumstances indicated, should become well known to the public, and it particularly concerns the profession to have a clear knowledge of them. This knowledge is thoroughly given by Mr. Hutchins in this ably-written pamphlet. It ought to be in the hands of every practitioner of medicine, and every householder outside the limits of local boards of health and corporations. How important are the sanitary duties entrusted to vestries is indicated by the following summary. They have the duties and the powers, as "sewer authorities," by which term their sanitary function is designated, to (1) provide proper and sufficient sewers and drains, (2) to prevent pollution of sewers, (3) to superintend the provision of privies, ash-pits, &c., to new houses, and, in certain cases, the provision of earth-closets; (4) to see that privies, drains, &c., do not become a nuisance; (5) to perform certain works of scavenging and cleaning; (6) to provide a good water-supply; and (7) to provide, in certain cases, hospitals and medicine.

We commend Mr. Hutchins's excellently conceived, clearly written, and important pamphlet to our readers.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

THE accompanying drawing shows an ingenious and novel application for the relief of hip-joint disease, the invention of Mr. Gillingham of Chard, whose ingenious artificial legs were noticed in THE LANCET of Nov. 7th, 1868. The object of the apparatus is to enable the patient to walk without throwing any weight upon the affected joint, and this is accomplished by an accurately fitted bucket taking its bearing from the tuberosity of the ischium. From the bucket two steel supports pass to the waist of the boot (with a high heel if necessary), and thus when the patient stands the weight of the body rests upon the instrument and not on the joint, though the movements of the latter are not interfered with. The supports are jointed at the knee, and the springs shown in the woodcut are intended to overcome contraction of that joint, should it have occurred in the course of the disease. The instrument is said to be easily adapted, and to give the patient no inconvenience in any position he may assume.

We have been at the pains, before admitting the foregoing into the columns of THE LANCET, to ascertain from three medical men that the apparatus has proved efficient in their hands.

WE record with great regret the death of Dr. James Seaton Smyth, of Liverpool, the founder of the Hospital for Cancer and Skin Diseases in that city. Dr. Smyth has by his will bequeathed the munificent sum of £10,000 to this institution, in the success of which he was so actively interested.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 4, 1869.

EVERYBODY outside the Medical Council agrees that the Medical Act of 1858 needs amendment, and that the Council which it brought into existence is a huge and costly body, altogether faulty in its constitution. Whether we look to the profession which the Council is supposed to represent and regulate, or to Parliament which created the Council for great public purposes, there is only one feeling, that the Medical Council is an unsatisfactory body, which should be "relieved" of its responsible duties, to use the euphemistic verb of Mr. HADFIELD in regard to the bishops. The Medical Act of 1858 was, in fact, a compromise. The medical reformers of that day, as of all other days, had to content themselves with taking, not what they wanted, but what they could get from the then Parliament. They tried for something different from what they actually got. They tried for a Council of twelve, as in the Medical Bill of 1856, to be elected by the Crown. They had to accept in 1858 a Council of twenty-four, chosen for the most part by the Corporations, which have hitherto been powerful in Parliament. It is amazing to us now that the medical profession could have brought itself to be satisfied with, and to expect much from, a Council so composed. Such a degree of medical reform was, indeed, the very minimum that could be conceded. It was conceived in the interest of the Corporations. It had to them the one great charm of perpetuating the then existing state of things with as little disturbance as possible. The Act of 1858 did one great thing: it abolished the absurd and miserable territorial restrictions of qualification which up to that time obtained, and declared that to be professionally qualified for practice in one part of her Majesty's empire was to be qualified for practice in all. But this is saying little for the Act. It is surprising that such a declaration should not have been made till 1858; and we now see it to be absurd that when the Legislature was concerning itself about the better regulation of the medical profession, it should have contented itself with creating a Council in which every instinct of the old vested interests was to find unchecked expression. It has been computed by good arithmeticians that there are nineteen bodies in the United Kingdom which grant licences, diplomas, or degrees, entitling the holder to enter them in the Medical Register, and practise medicine and surgery. Many of these grant several kinds of qualifications, so that there are fifty-four various documents which may be presented as evidence of right to practise. All this competition remains, and has a voice and representation in the General Council. Three-fourths of the members of the Council are chosen by the Corporations, or rather by small cliques or councils, which consider themselves *the* Corporations. We have said that the absurdity of such a General Council and such a state of the licensing bodies is now seen. It is palpable even to the bodies themselves, who are anticipating, even in England, the demand for a suppression of their individual pretensions in favour of a system more consonant with common sense, and with the interests of the profession and the public, which in the long run must be identical. The Corporations have done nothing to lead them to expect any sympathy from their members, or any attempt to save them. The only anxiety they have displayed, with a very few exceptions, was to take the money of the men whom they licensed. Even if they granted them the name of members, they granted them no privileges; and after the day on which the surgeon or the apothecary has received his defective licence, he has had no communication with his College or Corporation. His existence by the licensing body has been ignored, and he has had neither part nor lot in the Corporation. It is not surprising that neither the profession nor the public feel much interest in the continuance of a Council representing mere Corporations; and, unless we are very much mistaken, the next session of Parliament will see a Bill introduced which will create a Council that shall supersede the present one. The force of public opinion is already anticipating legislation, and the Corporations are uniting to grant complete diplomas.

We shall indicate, in a few sentences, our opinion as to the principles which should regulate legislation.

First, the Council that is to be should be independent of the Corporations. The introduction of a one-faculty system, giving a complete diploma, will abolish the need for nineteen different licensing bodies, and with the need for the bodies will terminate the need for their representation in the Council. Even those which survive should not constitute the Council as at present. They should be subject to the Council. The Council should be a smaller body than the present one, composed of five or six members. It should have full powers of making regulations to be binding upon both the teaching bodies and the licensing bodies. Considering that this Council would exist for the regulation of the medical profession and for the satisfaction of the public, we think its members should be chosen in a twofold way: first, by the Crown; secondly, by the profession at large. We are opposed to the tendency so obvious in many quarters to make medical practice a mere department of the State, and to subordinate all practitioners to a mere Government office. To prevent this, and in order that the needs of general practice might be properly set forth, we would suggest that half the Council be chosen by the members of the profession. The other half should be nominated by the Crown, and should include a chief member of the Government—such as the Home Secretary, or the Lord President of the Privy Council.

Such a body, with its double relation to the State and the profession, and with its real powers, would command respect and would be likely to act. It would be amenable to Parliament through a Minister, and in sympathetic contact with the profession through members chosen by the intelligent practitioners of the kingdom.

There was a time when we should have been content with a representation of the profession through its Corporations. But that time is past. The *raison d'être* of two-thirds of the Corporations is so difficult to perceive, and they have been so selfish and unsympathetic with the profession, that we

can see no reason for considering them much in future legislation. Indirectly those of them that may survive will have as much influence as they should have in a Council that exists to control them.

We repeat, that a small Council, elected half by the profession and half by the Crown, with full authority to prescribe methods of education, modes of examination, and if need be, to appoint examining boards, is the desideratum, the next indispensable step in medical reform.

WHILE Sir JAMES SIMPSON has been engaged in drawing up his bill of indictment against hospitals in general, those for the reception of lying-in women have been put on their trial at the Dublin Obstetrical Society, Dr. EVORY KENNEDY having undertaken the part of prosecutor. It is not the first time by many that grave charges have been brought against these institutions; and even if they are innocent of some of these charges, their character, like the alleged condition of their atmosphere, is a tainted one. The debate on Dr. KENNEDY'S paper was of the most elaborate character, as may be imagined when we say that the report of it extends over 200 pages of the *Dublin Quarterly Journal*. The case against lying-in hospitals is, confessedly, far stronger than that against general hospitals. Much of what may be urged in favour of the latter cannot be urged for the former. General hospitals receive cases of all kinds; lying-in charities admit only one kind. In the former there will always be a number of diseases and injuries of such a character as not to be influenced by nosocomial conditions or disorders. In the latter, however, as their name implies, the inmates are specially admitted for parturition, which, unlike a surgical operation, cannot be deferred to a convenient season. Whatever individual differences there may be in the susceptibility of different women to disease, there can be no doubt about the increased constitutional susceptibility of parturient women, as a class, to the action of all zymotic diseases on the one hand, and the relatively greater fatality of these diseases, under such circumstances, on the other. Like all inquiries based upon statistical data, there was a good deal of dispute over the figures. But there is, we fear, no escape from the array of facts, proverbial, and confirmed by the history of the great institutions of Europe; and the substantial accuracy of Dr. KENNEDY'S tables cannot be impugned. The combined mortality of Paris, St. Petersburg, Vienna, Dublin, London, York, and Glasgow hospitals reaches 1 in 44; and in Paris it ranges even so high as 1 in 18½, while in the Dublin Lying-in Hospital for the last fifteen years it has averaged 1 in 31¼. On the other hand, the death-rate during the four years of Dr. COLLINS'S mastership at Dublin stood at 1 in 186; and in several small hospitals, and in private practice, it has ranged from 1 in 238 to 1 in 256 or 282.

A cursory examination of the tables of mortality of the Dublin Lying-in Hospital suffices to show that curious fluctuations in the death-rate occurred; and, as against Dr. KENNEDY'S self-generation and overcrowding theories for accounting for the origin and spread of metria, several of the speakers, desirous of vindicating the character of their hospitals, urged that these fluctuations were an evidence of the operation of an epidemic influence, which, while it served to swell the bill of mortality within the hospital, did not spare the parturient women outside its walls; and that its effects were likewise traceable in the increased sickness and mortality from zymotic diseases of the population generally. Drs. CHURCHILL, KIDD, M'CLINTOCK, DENHAM, and others, considered that the influence of this factor had not been duly estimated by Dr. KENNEDY, whose views, it was alleged, were too exclusive in assuming that contagion was the main cause of puerperal fever. These epidemic influences and the operation of individual causes—such as the distress of mind, starvation and misery of all forms, too often present among the class of patients who seek shelter within the walls of these institutions—were energetically dwelt upon during the discussion; but allowing all that can be urged concerning the personal causes, we think they will only account for a fractional part of the mortality. Dr. CHURCHILL was compelled to allow that a large hospital, however well arranged, with many patients, however well cared for, will prove a veritable hotbed for intensifying and propagating puerperal fever, *when once it appears there*; and Dr. KIDD, whose observations seem to us to have been of a very practical and pertinent character, did not conceal his belief that contagion played a very influential part in its spread. Dr. BEATTY, in a particularly lucid speech, dwelt with much force on the convertibility or identity of puerperal fever and erysipelas, and thus brought out very strongly the co-operative effects of epidemic and contagious agencies. Dr. BEATTY apparently regards students and others attending surgical cases and dissections, or occupied with the study of morbid anatomy, while engaged in midwifery, as among the most important sources of danger that are susceptible of removal. Whether Dr. KENNEDY be right or not in ascribing the different zymotic poisons to a common principle, modified by a variation in natural or physical circumstances or conditions, we cannot say. But of this there cannot, practically, be any doubt—viz., that parturient women cannot be safely treated under the same roof with cases of infectious disease, nor in connexion with the wards of a general hospital. Dr. KENNEDY'S hypothesis may include more than is warranted by the facts; but we confess to some degree of scepticism regarding the doctrine that the poisons of the exanthemata, for example, always maintain their identity in the manifestations of their action on parturient women, as Dr. MCCLINTOCK appears to hold. Take scarlatina, for instance, the symptoms of which may declare themselves in the person of a lying-in woman just as they would in a child,—with this difference, however, that in the former the disease would be very often indeed a fatal one; but the instances in which an affection, apparently identical with childbed fever, has ensued in a parturient woman after her exposure to the scarlatina poison, are by no means rare. It is impossible, we think, to avoid the conclusion that metria, like pyæmia, depends upon some subtle animal substance or poison, and that it is capable of originating in two ways: one by being generated within the patient's body from the absorption of decomposing fluids; the other from without by contagion. Whatever may be the exact nature of the contagium, it seems pretty certain that many animal poi-

sons—the emanations from a dissecting-room, from wounds, and decomposing substances—are capable of developing puerperal fever in the lying-in woman exposed to their action. If we once admit that there is an increased susceptibility in the lying-in woman to the action of blood poisons of all kinds, that puerperal fever is capable of being engendered by several causes, and that, when so engendered, it is a contagious disease, it necessarily follows that it will spread in direct proportion to the facilities offered for its doing so, and will, consequently, fall with disproportionate force on those institutions where a number of parturient women are aggregated together. Whether puerperal fever follows the introduction of zymotic diseases, like fever, typhus, erysipelas, and pyæmia, into the lying-in hospital, or whether its morbific cause may be generated by any parturient female, there can be no dispute about the obstinate tenacity and persistency which the disease manifests when it has once gained an entrance within the walls of a lying-in hospital. Puerperal fever is, no doubt, fitful and capricious in its appearance, disappearance, and duration; and the attempt to elucidate the causes of these characteristics formed part of Dr. KENNEDY's task. He has striven to prove, and with a large measure of success, from the history of the Dublin Lying-in Hospital, that the generation and absorption of the metria poison or contagion is in direct proportion to the number of parturient females breathing the same atmosphere at the time of their delivery; and that this disease finds its habitat in large lying-in hospitals, appearing and reappearing at uncertain intervals. He conceives that the contagion possesses a cumulative power, requiring a longer or shorter time to arrive at its full intensity or saturation; and he thinks that this will account for the interval of time observed to elapse before the outbursts of the disease. It is a mistake to suppose, however, that crowding requires a large number of patients. You may, of course, have crowding and a high ratio of mortality with a comparatively small number. Alluding to the peculiarly obstinate and pertinacious character of the hauntings of metria in hospitals, as compared with other zymotic diseases, Dr. KENNEDY remarks:—

"In cholera, measles, whooping-cough, erysipelas, and even small-pox, the disease runs a course, and terminates in a reasonable time. It may, in most of the epidemic attacks, as they are termed (very questionably, as I think), be traced to its introduction into a house or neighbourhood hitherto free from it, from a house or locality in which it prevailed. It runs its course; precautions are taken; it wears itself out. The same may be observed in epidemic prevalences of puerperal fever in districts; ..... but it is not so in hospitals. Here the law I dwell upon, that of habitat, comes into operation: it continues to haunt the now infected hospital for an indefinite period. Why? Because here it possesses the conditions ready for its spread when in existence, and for its regeneration and cumulation if suspended for a time in its ravages. These are the considerations which justify and require that ill-constructed lying-in hospitals should be denominated the habitat of puerperal fever."

Dr. KENNEDY requires, in order to lessen or prevent the generation and spread of the metria-poison, that the number generating and exposed to its spread should be reduced to a minimum, and that minimum should be one or two until the success of the experiment had been sufficiently tested. This plan has never yet been tried; for, as Dr. KENNEDY pointed out in reference to the alleged experiment of the isolation of parturients in the hospital of St. Petersburg, the wards were not separate, but *opened into each other*.

But we must conclude. The subject is one of extreme importance; and it is discreditable to the civilisation of the nineteenth century that we have not yet adopted some practical method of solving the question, which, after all, amounts to this: How can we best meet the requirements of poor women in respect to their confinements with the smallest amount of expenditure and the least amount of risk to life? The system of small lying-in hospitals adopted in our army has been, we believe, successful; and the Princess of PRUSSIA was desirous of introducing similar institutions in connexion with the Prussian army, and with that view she consulted Miss NIGHTINGALE. This had the effect of causing that lady and the sanitary authorities of the War Office to enter fully into the subject. The probable adoption of a system of short service will materially diminish the number of married soldiers in our army, and prevent the further extension of these hospitals for the wives of soldiers; but we understand that a review of the army experience is corroborative of that obtained elsewhere. The authorities were impressed with the desirability of trying a system of very small hospitals, with means for the isolation of each parturient patient. The great expense attending the working of such a system cannot be overlooked. It would be impossible to secure a separate nurse for each patient, and it might be objected that an attendant in common might mean a vehicle of contagion in common; and the same could be urged with respect to a common cookhouse and offices.

It is not perhaps expedient, under existing circumstances, in the interest of the poor themselves, to do away with all lying-in hospitals; but the aggregation of a number of parturient women under one roof is unquestionably a source of grave danger to them, and therefore the smaller such hospitals are, the better. A lying-in hospital or ward ought never again, in our opinion, to form part of a general hospital; and no cases of infectious disease of any kind should be treated under the same roof with parturient women. A lying-in hospital imperatively demands, for the safety of its inmates, that it be constructed on the best sanitary principles in regard to position, cubic space, free ventilation, good warming, &c. If we could put aside all monetary and other considerations, and only regard the well-being of the patients, we should unhesitatingly prefer a system of complete isolation for every woman; and the nearer we can approach this condition the better it will be for our patients. But under any circumstances, a lying-in hospital ought to take the form of small well-ventilated wards, with at least one window and fireplace in each, built on the pavilion plan, and in such a way that any part of the hospital could be both readily and effectually isolated; and the only way in which this could be effected would be by a system of covered ways from the administrative to the other parts of the building, all or any of which ought to be capable of being cut off at will, by the interposition of a solid screen, from all communication with the remainder of the building.

IN our number for August 21st we gave a portion of PETTENKOFER'S conclusions in respect of cholera; and as they are the result of much inquiry, and have been very carefully elaborated by the learned Professor of Munich, we shall make no apology to our readers for continuing them. It will be remembered the Professor holds that there is a specific germ (*x*) developed in India which requires a soil (*y*) before it can produce the proper poison of cholera (*z*). He proceeds to remark that the period of the first spread of cholera beyond the limits of India towards Europe occurred about the year 1820, and was coincident with the great extension of commerce and human intercourse that then took place. The first steamboat appeared in the Indian seas in 1826; but it is to be noted that the cholera was never carried by sea round the Cape of Good Hope, but crossed by land over West Asia and Egypt. Ships at sea appear to behave like immense places on land; they do not possess or develop the soil (*y*), but they may not the less serve to spread the specific germ (*x*) or the proper poison (*z*) from one harbour to another, providing that the voyage has not occupied much more than twenty-one days. When cholera breaks out at sea, it is usually by the introduction of *x* and *y*, whereby *z* is subsequently developed, though of course the specific poison (*z*) may be actually imported on board; but the facts connected with the occurrence of cholera at sea deserve closer investigation than they have as yet received. In the spread of cholera on land, it may reasonably be admitted that the germ coming from India meets with the same soil as in India itself; but certain seasonal and local conditions must be present before an epidemic can break out. Cholera appears to be fickle in its occurrence. There are districts, places, and even small nooks and corners of ground, at which cholera is a frequent visitant, and others to which it rarely pays its respects, notwithstanding the amount of human intercourse is to all appearance the same. How is this to be explained? The Professor thinks that in the places that enjoy an immunity, either the proper soil (*y*) is absent or is already occupied by other germs than *x*, or from some other cause the development of *x* is interfered with. The formation of the soil (*y*) is favoured, or occurs chiefly, under these circumstances: first, a geological formation, analogous to an alluvial soil, which is porous to air and water to a depth of several feet; secondly, a great variation in the amount of ground water at different seasons; thirdly, the presence of certain organic and mineral substances favourable to the growth of the specific poison of cholera; and, lastly, a favourable temperature. The amount of activity displayed by the germ is dependent partly on the amount of the specific poison produced, and partly on a certain predisposition to the disease, which may be occasioned by poverty, want of cleanliness, bad or insufficient food and water, overcrowding, want of ventilation, cold, mental anxiety, &c.; though some of these may also act by forming a nidus for the accumulation or extension of the germ, the soil, or the specific poison. As a general rule, it may be admitted that the disposition to cholera is increased by all circumstances which occasion a diminution in the proportion of albumen, or, in other words, a relatively high proportion of water in the system, whether this be persistent or only temporary. The simple importation of the germ into a place, and even the existence of men who are individually predisposed to cholera, may still fail in causing an outbreak, unless the soil and proper poison are present in sufficient quantity. It may be said truly that when cholera breaks out, every case and every house should be the subject of special study, and great efforts should be made to ascertain whether the case is epidemic or sporadic—that is, whether the proper poison has been developed in the place itself or has been imported from another district. In its epidemic distribution, there appears every reason for believing that cholera exhibits a special affinity or proclivity for alluvial soils and for deep-lying rivers and drainage regions; whilst it is quite exceptional for it to make its appearance in mountainous districts and in the higher portions of the watershed of any region. We will conclude our *résumé* of the Professor's propositions in a future number.

A LETTER on the "Causes of Death at Sea," which will be found at p. 355, alludes to a subject of vast importance, and one to which we have on many occasions directed public attention. A sound sailor is now so scarce an article, that it is the interest of owner and master alike to keep him in as good a state of repair as possible; and though something has lately been done in the way of "accommodation and antiscorbutics" by the last Merchant Shipping Act, a great deal of sanitary reform has yet to be accomplished. The annotation to which our correspondent refers shows that existing regulations accomplish comparatively little good, not because they are defective in themselves, but because no machinery exists to compel their rigorous fulfilment. We believe that the scale of medicines at present adopted by the Board of Trade for use in merchant ships is simple, useful, and in most respects proper; that the "Guide" authorised by the Board is very comprehensible to any non-professional person of ordinary education, and that if, in registering causes of death at sea, the list given on p. 85 of this book were adhered to, a tolerably accurate return might then be compiled by the department of the Registrar-General of Seamen. We are somewhat at issue with our correspondent as to the means to be adopted in order to diminish mortality at sea, believing (1) that existing enactments should be faithfully carried out, so as to have a fair trial, and (2) that all efforts at reform should be addressed to plans of direct prevention. We entirely agree with Captain DAWSON that lime- and lemon-juice are nothing more than antidotes for bad diet; but the British shipowner declines to alter his scale of rations, and so the Legislature endeavours to prevent the evils resulting therefrom. If means were taken to see that none but healthy seamen were shipped; that the proper medicines, medical comforts, and "Guide," were carried in every foreign-going vessel, and were in good order before the vessel clears out of dock; and if a better scale of diet were adopted, so as to do away, to a great extent, with the necessity for lime-juice, much of "the reckless sacrifice of life at sea that now obtains" would be directly and effectually prevented.

THE Director-General of the Medical Department of the Navy inspected the Royal Naval Hospital at Yarmouth on the 1st inst.

Medical Annotations.

"Ne quid nimis."

THE EDINBURGH CHAIR OF GENERAL PATHOLOGY.

THE curators of the University of Edinburgh have a very important, and it seems to us a very plain, duty to discharge in choosing a Professor to fill the Chair of General Pathology,—a subject of growing importance in medical education. The candidates are Dr. William R. Sanders, Dr. Grainger Stewart, and Dr. Smart. With deference to the other candidates, we think the claims of Dr. Sanders are clearly paramount. He began authoritatively in his very thesis "On the Structure of the Spleen," for which he got the gold medal in 1849, and since then he has made original and most important contributions towards the elucidation of the waxy form of degeneration in this and other organs. Dr. Sanders's labours have been watched with lively interest by Virchow for twenty years, and have afforded that distinguished pathologist sometimes increased knowledge, and sometimes independent confirmation of his opinions. We have not space even to enumerate Dr. Sanders's various labours which have commanded for him the high respect of teachers, alike of physiology, pathology, and medicine, not only in Great Britain, but throughout the continent. It is indeed a great recommendation in Dr. Sanders's favour that he has shown himself to be, not only most apt and original as an observer in morbid anatomy, but also an able teacher of physiology and of clinical medicine. In fact, his history is the very history we should desiderate in a teacher of pathology, and gives a guarantee that he will not look upon morbid structures in their dry and dead isolation, but in relation to physiological processes and structures, and to those symptoms of which the physician takes cognisance. The election of Dr. Sanders to this Chair would be an important event for the University as well as for him, and we heartily wish him success.

F. W. NEWMAN AS AN ANTI-VACCINATOR.

THE Anti-Compulsory Vaccination League have an important accession to their ranks in Francis William Newman. Professor Newman's name, if not his arguments, will certainly give a colour of reason and respectability, which has been conspicuously absent hitherto, to the anti-compulsory vaccination agitation. The following is Mr. Newman's letter, reprinted from the *Co-operator* for the Anti-Compulsory Vaccination League. We give it at length out of respect to its writer, and with a view to show the worst that the best can say against the wise and beneficient Compulsory Vaccination Act.

"DEAR MR. PITMAN,—I have never in my heart or judgment approved of compulsory vaccination, but have thought that it belongs to medical men to judge in chief. But now that I understand (especially from an article in the new number of the *Westminster Review*) that a horrible virus is extending itself in the blood of the English people—from causes evidently rather guessed at than known—it is clearly possible that much of the evil is from vaccination. But the principle of vaccination itself, *as a permanent regulation*, is surely untenable. I saw a complaint of Florence Nightingale's lately, that people take for granted that children *must* have measles and other diseases. Those who think so do not try to avoid and remove the *causes*, but to make the complaint more tolerable. This seems to me to put the finger on the weak spot of the doctors—alike of the body politic and of the individual body. Instead of saying—'There ought to be no poverty, no disease; our public regulations must never be allowed to *cause* it,' their sole question is—How to palliate it? Doctors in private practice are seldom to blame for this, for the patient generally comes to them far too late for prevention; but a doctor who aspires to legislate is eminently bound to avoid soothing the consciences of the well-to-do by assuming that evils are irremediable. In pressing on the Legislature compulsory vaccination, instead of pressing to remove all causes of small-pox, they assume that small-pox does not spring out of removable causes. But to enact and enforce vaccination with something or other, when the legislators *cannot* enforce that the virus shall be pure of its kind, is so indefensible, that it might seem a mere representation would lead to repeal, or lead ministers to suspend the Act during inquiry. I must add my name to your Anti-Compulsory Vaccination League. I will send some subscription when opportunity offers.

"Truly yours,

"F. W. NEWMAN.

"Dover-place, Clifton, Bristol, July 7th, 1869."

Now let us see what considerations have induced Mr. Newman to cast in his lot with men who have been in the last few weeks outraging all common sense, and disregarding all the facts which influence commonly wise men. Mr. Newman has been reading the *Westminster Review*, and finds there an article which leads him to think that a horrible virus (the syphilitic) is extending itself in the blood of the English people. The causes of this extension are guessed at rather than known, he says, and "it is clearly possible that much of the evil is from vaccination;" *ergo*, we presume, "do not vaccinate." That Mr. Newman is not only against compulsory vaccination, but against vaccination itself, may be gathered from his objection to the principle of vaccination as a permanent regulation. We do not know what Mr. Newman's notions of permanency are, but he is a man of more faith than he gets credit for if he thinks we are at all near a time when we can enact permanent regulations—when, instead of palliating poverty and disease, we are to say, there ought to be no such things. "Our public regulations must never be allowed to *cause* them." Does Mr. Newman not see that these evils may be caused, not by public regulations, but by the want of them, or by the want of public regulations for the guidance of private persons living in a state of society. Perhaps "there ought to be no such things;" but this is really very like idle talk. We have to do not only with such things, but with a most urgent amount of them, and the question presses upon all men who see much of them, As we cannot remove them, what can we do to palliate them? Would that we had as radical a protection against poverty and all the ills that flesh is heir to, as vaccination is against small-pox. With no risk to the individual, it can be made absolutely effective, as in the case of the nurses at the Small-pox Hospital, and medical practitioners. But Mr. Newman, reading his congenial *Westminster*, sees that syphilis is extending, and thinks that, as everybody is guessing at the cause, he may have a guess too, and he guesses vaccination. But is an Act of Parliament representing the deliberate opinion and the experience of the best judges to be repealed on grounds of this sort? We really have a great regard for Mr. Newman, and would fain induce him to withdraw his support from a league that is in opposition to the general sense of the public, and the universal opinion of experts, who, he thinks, should be the chief judges; but we have difficulty in replying seriously to such a groundless guess as the above. We beg respectfully to tell Mr. Newman two things:—First, that there are explanations of the spread of syphilis too ample and palpable to make it necessary to implicate vaccination; and, secondly, that there is absolutely no evidence in this country that vaccine lymph taken with any care—and the State and private practitioners take great care in the matter—transmits any serious or constitutional disease. Under these circumstances we hope he will reconsider his determination to support the Anti-Compulsory Vaccination League.

ARMY MEDICAL SERVICE.

A LEADING article has appeared in a military contemporary which deals with the present prospects of the army medical officers in a fair and generous spirit. It is no doubt true that director-generals, however much they may lament a condition of stagnation, are powerless to remedy it. No promotion can take place without the assent of the War Office. During the last two years there have not been, according to our contemporary, ten promotions to the rank of surgeon, nor one to that of deputy inspector; and there are 250 assistant-surgeons of ten years' standing and upwards. The abolition of the term assistant-surgeon—at any rate after five or six years' service—would, we think, give much satisfaction to the department, without causing any great increase of expense. The surest way to accelerate promotion would be, no doubt, by increasing the present rate of retiring allowance; but the bare mention of anything involving an outlay of money just now appears sufficient to provoke the opposition of War Office and Treasury alike.

A word or two, by way of explanation, as to the course pursued by THE LANCET in regard to a previous occupant of the chair of direction at Whitehall-yard, upon whom we are said to have been "once so hard." As to his personal qualities, we have only to say that we willingly believe him to have been a sensitive, conscientious, well-disposed gentleman. Officially, however, it was his misfortune to succeed a man who knew his own mind, and had the energy and courage to assert and adhere to his opinions at a time when a man of that stamp was particularly required; and the effects of the change were soon evident.

WHOLE-MEAL BREAD.

"IN a multitude of counsellors there is safety," says the proverb. But we have been forcibly reminded of the converse of the saying by the perusal of two papers on the subject of bread. Both the issuers of these documents are anxious to benefit their species, not forgetting their own pockets, by inducing the public to adopt their views, and, as a natural consequence, to consume their goods. The first advocates the sole use of whole-meal bread, and takes the popular method of telling us that white and fermented bread is the sole cause of "all the ills that flesh is heir to," supplemented of course by the "drugs and chemicals prescribed by the medical profession" to remedy a state of things entirely brought about by their not approving of whole-meal bread as the daily food of all. This man will doubtless have many believers, because there is unfortunately no more ready method of gaining public notice among a certain class than by the abuse of those who risk life and spend time and money in entering our profession. The second writer, on the other hand, advocates the process of complete decortication of the grain and eradication of the bran, and supports his views from chemical and other sources. Divested, however, of all advertising claptrap, there are probably few other subjects which more clearly demand our attention and our assistance in placing the matter simply before the public, so as to induce them to follow the *juste milieu* between their rival benefactors. There cannot well be much dissent from the fact that in rejecting the outer coatings of the wheat we shut out much nitrogenous matters, phosphates, &c., from our bread, and thus at once abstract nourishment and render it more expensive; but, again, if we retain the bran, we have husk, which, especially if coarsely ground, as is the present custom, altogether defies a delicate digestion, and passes through the system unchanged, often producing local irritation. It is, however, held by many authorities that the latter objection is, to some extent, to be got over by a finer system of grinding; while, at the same time, attention should be given to the circumstance that the bran contains the elements of its own easy digestion, in the shape of such bodies as the "cerealin" of M. Mège Mouries, which is said to possess a wonderful power of altering the starch into dextrin and sugar, and so rendering its assimilation into the organism much more easy. It is certain that many peasantries, like the Scottish Highlanders, who are nourished almost entirely on the meal of extremely nitrogenous cereals, such as oats, are invariably very fine and muscular races. But what can be digested by men in full bodily employment may prove unsuitable for delicate persons of sedentary habits, and it is between cases like these that we must discriminate in advising coarse or refined bread. The great reform which seems necessary to us is that all bakers should be obliged to sell whole-meal bread at a proportionately low price to the amount of bran retained in the grinding. At present the great bulk of bakers sell brown bread as fancy bread, and not only charge as much for it as they do for white, but also fail in giving full four-pound loaves. The profits on this transaction must be great, seeing that the price of corn simply ground, and without previous decortication and consequent loss both of material and price of labour, must be much under that of white flour; but yet the fact remains that, to make this profit, Britain is almost the only country where brown bread cannot be everywhere obtained at its proper low price. If the matter of cost were equitably adjusted, we would very soon have the labouring classes using brown bread almost universally, because they would quickly discover that they not only had a cheaper article of diet, but one on which they could do more hard work than they can on white bread, while by their free bodily exercise any little irritation from the husk would be easily overcome. On the other hand, the wealthier classes would adhere generally to their white bread, unless specially advised to the contrary in particular cases, because it is more delicate and pleasant to eat, while the loss of nourishing material can be easily made up from other sources, or by some such means as the addition of minute quantities of phosphates to the flour in the manner suggested by Baron Liebig. What we would suggest, therefore, is that the whole-meal bread should be universally supplied at a fair price, and also prepared from a meal in a finer state of division than that at present employed, so as to reduce as far as possible the husk objection. In this way the real *juste milieu* would be attained, and every class would be supplied with its most natural food.

AUSTRALIA.

A VOYAGE to Australia is frequently recommended to persons suffering from consumption, and a residence in that climate has likewise been advised for the same class of diseases. There can be no doubt that the result has often proved the advice to have been very good. The climate is most salubrious, as everyone knows. Epidemic sickness is comparatively rare, and cholera unknown. But our troops in Australia, from some cause or other, appear to suffer from pulmonary consumption much in the same way as they do elsewhere. Among the causes of death enumerated by Deputy Inspector-General Dr. Gibb in his report for 1867, consumption appears in seven cases, aneurism in three; and of the men invalided one-half were labouring under the former complaint. The large proportion of phthisical cases, he says, apparently militates against the truth of the prevalent opinion, that the climate exercises a very favourable influence over the course of this disease. The cases of phthisis,

however, do not appear to have originated there, but the soldiers arrived in that country with tubercles developed in their lungs. We strongly suspect that defective barrack accommodation and overcrowding had a good deal to do with the progress of the disease. The salubrity of the climate will not counteract the injury inflicted by a bad and fetid atmosphere in-doors. The barrack accommodation in the command generally was not, Dr. Gibb tells us, sufficient for the strength. He adds—but there is not much chance of his advice being followed now that the garrison is to be withdrawn—that,

"Taking into consideration the large mortality from phthisis in Australia, a disease often excited and aggravated by the impure air of warm and crowded rooms, it would be advisable to give a liberal amount of cubic space and superficial area to each soldier. In healthy colonies sanitary suggestions are coldly received, and necessary works delayed; but it would be wise to provide against the consequences of an epidemic visitation, such as fever, &c., to which dense populations are liable. Besides, the introduction of cholera is merely a question of time, as it will some day arrive from the increased facilities of commerce and more rapid communication with other countries."

LONDON HOSPITAL.

IN pursuance of a bye-law which limits the duration of office of a physician or surgeon to twenty years, Mr. Curling has resigned his post of surgeon to this hospital. After an honourable career of office for thirty-five years—fifteen as assistant and twenty as full surgeon,—Mr. Curling retires from his post in the full vigour of life, and with unabated energy and interest in his profession. Some such rule as that adopted at the London Hospital is, there can be no doubt, generally speaking, a good one; for it opens up positions of honour and advantage to men who might otherwise be required to spend a lifetime in laborious and ill-requited duties. But it should never be forgotten that the rule may, if misunderstood, operate injuriously sometimes in the case of gentlemen who commenced office at a very early age, and who consequently quit it in the full possession of their energies. In the present case, those who are acquainted with Mr. Curling are not likely to mistake the meaning of his forced retirement; but others will be glad to know that his resignation of the hospital post, whilst it leaves more time at his disposal for useful work in private practice, does not depend upon any inability to carry on the office of a teacher in that branch of science with which his name has so long been associated.

It is probable that Mr. Couper will succeed to the vacancy amongst the surgeons which is thus created. There will thus be an opening for the appointment of an assistant-surgeon to an hospital the opportunities in which for surgical practice may fairly be considered unrivalled.

THE TRAINING FOR THE BOAT-RACE.

WHILE there can be little doubt that the human body may be fortified by a good and judicious system of training, so as to render it more capable of sustaining great and unwonted exertion, it is still more certain that the physical powers may be diminished, and the health undermined, by one of an opposite character. There were some who thought that the system pursued by the Harvard crew influenced the result of the late international race; and if their diet scale had been really such as was laid down by one of our contemporaries, the idea would have had some foundation. But we have ascertained that the Harvard men were allowed, during their training, plenty of meat, with milk, rice, vegetables, and fruit. Compared with the dietary of their opponents, it mainly differed in the matter of beer, which the Oxonians were allowed to consume, while the Americans used no beer, wine, or spirits. It is asserted that the Harvard crew had been in training for four years. We cannot pretend to express any opinion as to what might have been the influence of the differences in the rowing and steering of the two boats, or as to the effect of the want of experience of our river on the part of the Harvard men; but the differences of diet clearly had nothing to do with the result. The crews were well matched, the race was most severely contested, and it is evident that the Oxonians had to put forth their full powers to make the victory theirs.

TENT HOSPITALS IN PARIS.

A TRIAL is being made in Paris of the alleged value of the tent hospital system. Though M. Husson, the Director-General of the Assistance, is not *a priori* a believer in the advantages of this system, he has yet, through a liberal spirit which redounds to his credit, determined to make a trial thereof. Two large tents have therefore been got up in the courtyards of the St. Louis and Cochin hospitals, the latter of which has been entrusted to the charge of M. Léon Lefort, an advocate of the tent arrangement. We do not yet know what have been the results of the trial which is being made; but one thing is at least strikingly in favour of the tent system, and that is the immense saving of money which it would effect. According to a calculation which has been made, the new Hôtel Dieu of Paris will cost 40,000,000 of francs, and contain 700 beds; each bed will therefore cost 56,000 francs, whereas beds in a tent hospital may be provided for the sum of 500 francs each.

TIGHT-LACING.

OUR remarks of last week upon "The Waist of the Period" have been reproduced extensively by the general press; and it is to be hoped that the publicity thus afforded may not be without some good result in mitigating a very great evil. Among other journals, the *Daily Telegraph* has founded upon them a spirited leader; and the *Echo*—an evening newspaper conducted with remarkable talent and success—has published an essay on "Artificial Woman-making," which deserves to be very generally read and taken to heart. If journals are susceptible of flattery, we ought perhaps to feel the warmest regard for the *Court Circular*, which, last week, adopted the article in question, and another on "Sea-bathing," without giving the slightest clue to the source from which they were derived, so as to lead to the inference that they were original. The compliment is a very great one, for the *Court Circular* is written for the upper ten thousand, and—if report speaks truly—is even contributed to by lords; but we cannot help doubting whether the effect of the articles thus coolly pirated would not have been enhanced by the fact being mentioned that they emanated from a journal qualified to deal with important medical topics, and ever anxious to help forward social progress by its comments upon subjects which the public comprehends and needs to be instructed upon.

The writer of a letter to *The Times*, who signs herself "Not a Girl of the Period," takes up the cudgels on behalf of the tight-lacers, and impugns the accuracy of our opinion that the practice is as injurious to the health as its effects are monstrous to the eye. The latter point we would cheerfully leave to the decision of men of taste. We should have to take exception, however, to those who, from a lengthened residence in China, have become accustomed to the distorted foot which the ladies of that country delight in producing by arts not very dissimilar from those employed by the seekers after a "good figure" in Europe.

These are prejudiced observers, and their judgment would doubtless be biased.

The injury to health is a less complicated question. Its occurrence is explained by a few very elementary facts in physiology. Our fair critic is not probably aware that the human body is so constituted that very free movement of the chest-walls—by alternate elevation and depression of the ribs—is just as necessary for the supply of air to the lungs as are the movements of the bellows by which the blacksmith blows his furnace. If the blacksmith sits upon his bellows he spoils the working of the instrument, and his fire goes out. If a lady encases herself in a stiff pair of stays, and laces them tightly, the lungs would be quite unprovided with air, and she would speedily die but for the action of the diaphragm. By this she is saved, but her safety is purchased at a ruinous expense. Breathing, as it is thus carried on, produces downward pressure instead of lateral expansion, increasing the difficulties under which the digestive organs, compressed out of shape by the constriction of the waist, do their work, and causing displacements and derangements which create perhaps more domestic unhappiness than any other circumstance in life. Need we point to the gloom of the household where the wife is always ailing, compelled to keep her sofa day by day, and presenting a face which is scarcely less pinched and careworn than that of her husband, doubly embarrassed as he is by the loss of her help, and anxiety for her personal safety? And we do not hesitate to say that to the practice of tight-lacing is due a very large number of distressing female ailments, over and beyond those derangements of digestion and circulation to which we have already referred in our former article. The writer in *The Times* refers us to "Fairholt's Costumes" for proof that in spite of denunciation, the fashion has flourished throughout Europe for a thousand years at least, and her inference is evident that the continuance of the practice under these circumstances proves its innocuousness,—a style of argument by which, we need scarcely remark, the harmlessness of theft, murder, drunkenness, and a few other "fashions" might equally well be substantiated.

ST. BARTHOLOMEW'S HOSPITAL.

IT is with much regret that we have heard of the suspension of one of the house-physicians, Dr. Mayo, on account of the part he has deemed it right to take in connexion with the present administration of the out-patient department of St. Bartholomew's. There can be little doubt that some grave abuses exist in the out-patient department of this large institution. As it is at present carried on, justice cannot be done to the patients.

ST. MARY'S HOSPITAL.

A VACANCY having some weeks ago been declared in the aural surgeoncy to this hospital, for the first time since the death of Mr. Toynbee, the election of an aural surgeon took place on Tuesday last. The only candidates admitted by the Board of Governors were Dr. Peter Allen and Mr. A. Gardiner Brown. So many governors being at the present time absent from town, only fifty-five voted. The result, however, was the election of Dr. Allen by a very decisive majority. The numbers were as follows: Dr. Allen, 51; Mr. A. Gardiner Brown, 4.

SALISBURY INFIRMARY.

IT was reported at the Annual Court of Governors, held on the 26th ult., that the past year had been a memorable one in the annals of the Infirmary. A new wing had been completed, containing two good wards, and side wards, affording accommodation for twenty patients, and only waiting to be furnished, so that they might be occupied. A new kitchen and other out-buildings are much required, and £1000 has now been raised for this necessary improvement, which will probably be commenced forthwith. We should be glad to know whether steps have been taken—as we do not see any reference to this point in the report of the meeting of governors—to prevent the escape of sewer gas through the man-hole into the convalescents' airing ground, which man-hole communicated, at the time of our visit to the hospital some time since, with a large sewer running through the hospital grounds. We stated, as the result of a personal inspection, that the presence of the sewer, and its communication with the exterior within twenty yards of the hospital building, were most objectionable, and prejudicial to the patients. Has the man-hole been blocked up or not? Does offensive gas escape into the grounds at the present time? Possibly we may yet have an opportunity of judging for ourselves. During the year, Mr. Cardell resigned one of the surgeoncies of the Infirmary, and was succeeded by Mr. F. R. P. Darke.

SWIMMER'S CRAMP.

ON a fine summer's day, some men are bathing in the sea. One of them, an excellent swimmer, suddenly cries out, "I'm drowning!" sinks, and is no more seen until his dead body floats ashore some hours afterwards. This was the case with Mr. G. Waugh, whose lamentable death was noticed in the journals a few days since, and the dreadful incident was but a repetition of what occurs several times each bathing season. How is this terribly sudden drowning to be explained? The victim is generally said to have been attacked by cramp, and manuals advert to the subject, and direct the swimmer who is so seized to thrust his leg out violently, and forcibly bend his foot upwards. The explanation seems to be generally accepted, but it does not really explain this awfully mysterious sinking. We do not need to ask a good swimmer whether cramp in the leg, however severe, would cause him to sink suddenly, and without a struggle, in the sea. It is impossible. The human body is specifically lighter than water, and so much lighter than seawater that no effort is required to preserve it from sinking in that fluid. A swimmer seized with leg-cramp would instinctively throw his head as far back as it would go, conscious that he might remain afloat in this position without the need of moving a muscle. The unfortunate swimmer who drowns under these circumstances, always goes down suddenly, and without a struggle. This signifies that the body suddenly becomes heavier than water. It can only do that by losing the air which is contained within the cavity of the chest, and the probability seems to be that the cramp which happens is a cramp of the respiratory muscles, by which the expansion of the lungs is prevented or their air forced out. Death would then occur as it often takes place in tetanus. This is a subject which has strangely escaped observation. Inquiry must, of course, be limited, for there is no opportunity of questioning the unfortunate victims; but the testimony of observers, or of those who have themselves experienced any kind of cramp in bathing, might be usefully brought to bear upon it. The feeling of insecurity which these cases occasion to swimmers is terrible. Could we but ascertain the exact circumstances, it is conceivable that some measures might be devised by which their occurrence could be prevented. It must be remembered that swimming implies a very much more violent muscular exercise than is apt to appear. It seems probable—though it is by no means certain—that the muscles of respiration, which are powerfully employed in swimming, may occasionally be seized with cramp as a result of unusual exertion,

with the effect we have described of causing compression of the chest. If such be the case, it is tolerably certain that regular and graduated gymnastic exercise would be the surest safeguard against an affection of muscles arising from their being suddenly called upon to perform unusual exertion of severe character.

SOUTHAMPTON.

THE town of Southampton would seem at the present time to be in an exceptionally healthy condition. The last quarterly report of Dr. M'Cormack, the medical officer of health, presented to the Town Council a few days since, states that the mortality for the last quarter was only 16·69 per 1000, or, deducting the deaths from violence, accidents, and premature births, only 15·46. The birth-rate still continues largely in excess of the deaths; and this indicates a very satisfactory condition of the population, when we take into account the fact that the births have fallen off very considerably in Gosport, Portsmouth, and other towns in the district. Dr. M'Cormack makes special complaint of a certain slaughter-house, which, from the locality and faulty construction of the premises, is not only a source of annoyance, but productive of illness to the inhabitants, complaints being weekly made of the nuisance to which it gives rise. The Town Council have refused to take any immediate steps in the matter, and, as far as we can see, the members were influenced in this decision by the fact that they had not experienced any offensive smell in passing the slaughter-house. Dr. M'Cormack's statements are, however, very clear and decided. The discussion on his report, which is to be referred to a Committee in order that they may bring up a report to the Council, gave rise to the suggestion that a public *abattoir* should be erected in the town; and we hope that this step may be the final result of Dr. M'Cormack's representations.

THE NEW EDINBURGH INFIRMARY.

THE arrangements for the furtherance of the erection of the new Edinburgh Infirmary on the site of Watson's Hospital are progressing. A very favourable report on the possibility of draining the meadows and Watson's Hospital grounds was presented at a meeting of the managers on the 26th of August. A committee, consisting of Dean-of-Guild Law, Convener Field, Mr. Weir, and Dr. Andrew Wood, met the governors of Watson's Hospital on Tuesday last, and concluded a bargain for the purchase of this site at £4300. This arrangement requires the sanction of the Merchants' Company of Edinburgh, which is confidently expected. The assent of the subscribers and an Act of Parliament will also be necessary. We congratulate all concerned on the prospect of this arrangement being confirmed; and we have only to wish that as much judgment may be displayed in the erection of the hospital as has been shown in the selection of the site, extending over eleven acres.

At the meeting of the managers on the 26th August, a letter was read from Mr. Syme, resigning his post as one of the acting surgeons of the hospital. The managers received the resignation, and unanimously adopted the following resolutions:—

"That the managers of the Royal Infirmary receive with much regret Mr. Syme's resignation of his office as one of the acting surgeons of the hospital, the duties of which office he, during his long and brilliant career, has performed with so much benefit to the patients, and with so much honour to the Medical School of Edinburgh.

"That the managers, being anxious that Mr. Syme should still remain connected with the hospital, request that he will accept the appointment of one of the consulting surgeons.

"That an excerpt from the minutes, embodying these resolutions, be transmitted by the clerk to Mr. Syme."

BREACH OF THE PHARMACY ACT IN DISPENSING.

A CHEMIST, Mr. Berry, of Worthing, has been fined under the Pharmacy Act for selling to a young man, a stranger, a bottle containing two drachms of Scheele's hydrocyanic acid, and two ounces of rose water, under the following circumstances. The young man came to Mr. Berry's shop, and handed a prescription to his assistant, purporting to be for Mrs. Newton. The assistant made up the medicine, while the principal talked with the young man, and copied the prescription into his book. The bottle was labeled with the name and address of the seller, but the word "poison" was not put on the label. According to the prescription the medicine was intended to be used as a lotion, not a mixture. Other evidence showed that the person to whom the medicine was sold contemplated suicide, and evidence taken in reference to a charge against this person of intending to commit suicide went to show that the prescription had been written by himself. The chemist was fined on the double ground of having sold poison to a person unknown to him, and of not labeling it with the word "poison." We quite approve of the decision of the Bench, and think that the Pharmacy Act was distinctly violated by such a sale. We hope that the case will make chemists more cautious in the dispensing of doubtful or dangerous prescriptions.

CHAIR OF TECHNICAL CHEMISTRY IN GLASGOW.

WE are informed that Mr. James Young, who recently gave the sum of ten thousand guineas for the endowment of a lectureship on technical chemistry, has, with the consent of his fellow-trustees, appointed Mr. W. H. Perkin, F.R.S., to the lectureship. This gentleman, like Mr. Young himself, is the founder of a great and important chemical industry, he being the first discoverer in the department of the aniline or coal-tar dyes. It was expected that this handsome donation was to be given to the managers of Anderson's University, and controlled by them. Mr. Young, however, has elected an independent body of trustees, but in the meantime the class is to be conducted in the premises of the University.

CONTINENTAL APPOINTMENTS.

THE recent *concours* at the Paris School of Medicine for the election of three vice-professors of the Natural Sciences has just terminated in the nomination of M. Gariel in Natural Philosophy, M. A. Gautier in Chemistry, and M. Bocquillon in Natural History. Dr. Antonio Comisetti, president of the Sanitary Council of the Italian army, has been elevated to the dignity of Knight Commander of the Crown of Italy. This newly founded order has also been distributed to several Italian physicians of distinction, amongst whom we may name Professors Brugnatelli and Gandolfi, of the University of Pavia; Professor Tigri, of the University of Sienna; Professor F. Coletti, of Padua; Luigi Motta, physician to the Ospidale Maggiore of Milan; and Professor Domenico Chiara, obstetrical lecturer at the Faculty of Padua. Several other professors and distinguished medical men have been nominated Knights of St. Maurice and St. Lazarus.

CORONER'S NEGLECT.

A CORRESPONDENT of *The Times* has called attention to what he regards as a most reprehensible laxity on the part of the coroner and the police in the neighbourhood of Tonbridge, in respect of a dead body found under circumstances which certainly appear to have imperatively called for in-

vestigation. Last week, it is said, some men employed on a farm near Tonbridge discovered in a barn the dead body of a respectably dressed man, which had apparently lain there at least a week. The district inspector of police, upon being informed of the facts, at once got the coroner's order for burial; and, two days after the body was discovered, it was buried in Leigh churchyard, without any inquiry having been made by the coroner as to the cause of death, and without the opinion of any medical man having been taken on the matter. As the statement we have referred to is *ex parte*, we can only say that if it be correct it shows that a safeguard designed by the law for the protection of life and the detection of crime is not considered, by the coroner and police of the district in question, of the importance that we and the public generally attach to it.

MARGATE.

THE Margate authorities will do well to put a stop to the state of things in their town which is described in the letter of a correspondent in the *Builder* of Saturday last. "Visitor" says that, instead of a well-drained town, he found that reeking cesspools abounded, and that in the higher part of the town the houses have waterclosets built over those stagnating abominations. The statement of a house proprietor to "Visitor," when dilating on the advantages of the cesspools, is too significant to be left unnoticed. According to this person, the chalk is so porous that if the contents were not emptied for twenty years there would not be a bushel of refuse to remove. The fact that the absorbed liquid must go somewhere or other, and not unlikely into the wells of the lower levels, does not seem to have occurred to the worthy proprietor, whose acquaintance with sanitary laws is probably of a limited character. But the town authorities cannot be ignorant of such matters; and we would counsel them to see what can be done to remove "Visitor's" well-founded cause of complaint.

PROFESSOR MANTEGAZZA AT RIMINI.

ON the 9th of August last, about forty medical men, belonging to the principal cities of Umbria and Romagna, met at Rimini, in order to do honour to the celebrated Professor Mantegazza, "the great restorer of hygiene in Italy," and sit down with him to a banquet. The convivialities were marked by the greatest gaiety and *entrain*,—perhaps we should say *brio*. The guests were animated by a most fraternal spirit; and a toast was drunk to Mantegazza with a cordiality well worthy of the Italian name and character. We join our Italian brethren in congratulating the Professor who has effected so much for the cause of public health in Italy.

A NEW MEDICAL KNIGHT.

WE understand that it is her Majesty's intention to confer the honour of knighthood on Dr. James Alderson, the President of the Royal College of Physicians. Dr. Alderson is a well-known and highly respected physician, in every way worthy of the honour. His degree of M.D. was taken at Oxford in 1829; he is a Fellow of the Royal Society, and Consulting Physician to St. Mary's Hospital.

THE HEALTH OF GUILDFORD.

FROM the *Surrey Advertiser* we learn that the health of Guildford since the warm weather set in has been excellent. This is the report of the medical officer of health, Dr. Morton. It is to be trusted that, as steps are being taken to place the water-supply above suspicion, the prejudice which has latterly existed against Guildford as a summer and autumn resort will die away. The health reputation of the town rests entirely in the hands of the local authority to make or mar as it likes.

CONTINENTAL OBITUARY.

WE mention with regret the death of Dr. Sirus Pirondi, of Marseilles, a well-known writer on syphilography. We have also to record the decease of Dr. Alessandro Quadri, of Naples, a distinguished ophthalmologist; of Dr. Giovanni Zanini, director-general of the hospitals of Pavia, formerly member of the Italian parliament, and professor of forensic medicine in Pavia; and of Dr. Luigi Serrati, physician to the Hospital of Lodi.

THE General Committee has decided between the two claimants, Edinburgh and Liverpool, for the honour of receiving the British Association in 1870, by selecting the latter city; ninety-one members voted for Liverpool, and eighty-six for Edinburgh. The president for the Liverpool meeting will be Professor Huxley; and the vice-presidents include Lord Stanley, M.P., Right Hon. W. E. Gladstone, M.P., Sir P. M. Egerton, M.P., Mr. S. Graves, M.P., Mr. Joseph Mayer, Mr. Whitworth, and Mr. Joule. The local treasurer will be Mr. Henry Duckworth; and the secretaries, the Revs. Dr. Hume, W. Bannister, and H. H. Higgins.

SEVERAL letters complaining of the bad supply of water in Dorking have appeared in a local paper, it being alleged that in some parts of the town the inhabitants have been deprived of that necessary element for more than a week. It is very hard, of course, not to get what one pays for, and a deprivation of water during such hot weather as we have recently experienced is something most unpleasant to contemplate. It is to be hoped that under the auspices of the newly constituted Water Company, which is about to set vigorously to work, all ground of complaint will be removed.

IT has been recently decided that two of the free scholarships of Charing-cross Hospital shall be annually placed at the disposal of the authorities of the Royal Medical Benevolent College at Epsom, for foundation scholars who shall have passed in the first class at the University of London matriculation examination, the students recommended by the authorities of the College to be approved by the professorial officers of the hospital. The mode in which the scholarships are awarded is a new feature in the arrangements of the school.

SIR WM. MANSFIELD has promulgated an order prohibiting the movement of men from batteries of Royal Artillery to others of the same brigade between the 1st April and the 20th October, by general officers, without special sanction from head-quarters. It appears that the order in question arose out of the fact that it had been reported to his Excellency that soldiers had been much injured in health by their removal to distant stations during the hot season.

WE are glad to learn that it has been notified in India that a medical officer in charge of a regiment appointed to officiate in a staff appointment during the absence on furlough of the permanent incumbent, will not be required to vacate his regimental charge. This seems to us to be only fair and just.

THE Registrar-General's last Weekly Return records the death of a domestic servant, aged thirty-four years, from "simple malignant cholera, collapse (thirty hours)." Under what system of nomenclature this case was so returned to the registrar, it would puzzle us to say.

THE prevalence of small-pox at Dewsbury, Yorkshire, has led to a visit from Dr. Wiltshire, one of the Privy Council inspectors, who suggested a house-to-house visitation, and the provision of a temporary hospital for the reception of patients. The first of these measures has been adopted, and the second is under consideration.

THE *Gateshead Observer*, in a sensible article on Pauperism as affected by the unhealthy Dwellings of the Working Classes, urges the formation of a Ratepayers' Labourers' Dwellings Company, with shares of small amount, so as to insure a large contributory. It would be a good thing if this suggestion were adopted, not only in Gateshead, but in scores of other towns also where the homes of the industrious poor are everything they ought not to be.

THE chapel of the Radcliffe Infirmary at Oxford has lately received an interesting addition to its internal decoration, in the shape of four full-length figures of the Evangelists on panel, about 4ft. 4in. by 2ft. These pictures are painted with all the delicacy of miniatures, on a gold ground, richly chased, and adorned with an exquisite border. They were executed by the artist monks of the celebrated Troitzka monastery, which is situate in the midst of a wild forest about forty miles from Moscow.

THE Seventh Session of the International Statistical Congress will be opened at the Hague on Monday next. Some of the questions to be discussed are of interest to the medical profession; notably the recognition of the still-born in our national registers—a subject which is not without difficulty, and which needs to be dealt with on some general principles which shall be internationally recognised. Dr. W. Farr is, as heretofore, the delegate of the English Government to the Congress.

DR. PHILIPSON'S sickness and mortality returns show that in the three months March, April, and May last, disease showed a marked diminution in Newcastle and Gateshead. He mentions, as a notable fact, that during the first five months of the present year, no single case of measles or of whooping-cough was recorded in the public practice of Gateshead. Typhus in both towns has markedly declined, and scarlet fever has nearly disappeared.

LATEST American advices bring the gratifying intelligence that Mr. Peabody has recovered from his late illness.

MR. R. H. ALLNATT, in his usual monthly meteorological report to *The Times*, states that at Eastbourne the highest mean temperature in August was recorded on the 26th, 27th, and 28th, when, notwithstanding great variations of night temperature, it reached 70·2°, which is 9·9° in excess of the average for half a century.

THE mortality from scarlet fever continues to increase in London. The weekly deaths from that disease have risen successively in the last six weeks from 75 to 143.

THE ELEVENTH ANNUAL REPORT OF THE MEDICAL OFFICER OF THE PRIVY COUNCIL.

I.

IT is the duty of the principal Health Department of the State—the Medical Department of the Privy Council Office—to lay before Parliament, in each year, a report of the proceedings which that department has taken during the year immediately preceding that in which the report is made; and in compliance with this duty, the annual report which the medical officer of the Privy Council has made to the Lords of the Council on the matters which have been dealt with in that department during the year 1868, having been presented to Parliament, has been printed, and is now in the hands of members of both Houses, and obtainable by the public. This yearly volume has now become one of the most interesting of that large category technically termed "Blue-books," and has become so generally known that we need not stay to state how it comes to pass that this volume—which would appear from its title to be for the sole use of our profession, but which in reality is of interest to, and is understandable in most of its particulars by, an ordinarily educated person—is printed for the public use, for this we have explained in our notices of the volumes of former years; but we will proceed to notice the contents of the one which has just left the printer's hands, and which forms the eleventh of the series. Before dealing, however, with the contents of this book, we must notice a difference which in the present instance, and for the first time, has taken place, in consequence of a change in a portion of the sanitary laws. This difference has reference to the subject of vaccination.

Up to the end of the year 1867 the Medical Department of the Privy Council exercised a jurisdiction over certain matters relating to vaccination in virtue of the Public Health Act, 1858; but in that year all the provisions in that Act relating to this subject were repealed, though it is true they were re-enacted in the 30 & 31 Vic., c. 84, the Vaccination Act of 1867. The effect of this was to remove the directing power of supervision from the Public Health Act to the Vaccination Act; and thus, as there is no statutory necessity under the Vaccination Act for the Department to report annually on its proceedings in this branch of State Medicine, it could, if it had so chosen, have omitted to give any information on this point. We are glad to find, however, that advantage has not been taken of this change in the law (though the change has not been overlooked), for Mr. Simon, the well-known adviser of the Government in these matters, has, in the volume now under notice, as in his previous reports, given particulars of the doings of the Privy Council towards diffusing the benefits of vaccination, and ensuring as far as practicable the proper performance of an operation which cannot fail to conduce very materially to the maintenance of the public health.

It will not be necessary for us to give on this occasion any detailed particulars of the changes which were wrought by the passing of the Vaccination Act of 1867, for this Act in its different bearings has on more than one occasion been very fully put before our readers; but we will content ourselves with merely reminding our professional brethren that under it a more liberal scale of fees to public vaccinators was provided, though at the same time the law in the matter of certificate-giving was rendered more stringent by imposing penalties both on medical practitioners and others who may fail to comply with its provisions, and then proceed to notice what has been done by the Privy Council in its office of supervisor of the public vaccination of England.

Mr. Simon tells us that the vaccination inspectors of the department, during the past year, examined the vaccinations performed in 1749 vaccination districts of 312 unions; or, in other words, that the inspection of the year comprised an area of nearly half of England. But as to the manner in which the important operation of vaccination has been performed we are not apprised, further than can be gathered from the statement that the vaccinators of 345 of these districts received awards from the parliamentary grant for the reward of meritorious vaccinators, which would appear to us to demonstrate that rather less than one-fifth only of

the whole number of vaccinators, whose work came under inspection during the year, was such as could be termed meritorious, or rather, we suppose, came up to the standard required by the Privy Council; though, in the absence of all public knowledge of the standard required, there may be some difficulty in our speaking of the merits or demerits of the public vaccinators, as there undoubtedly is some dissatisfaction—as demonstrated by letters which we have from time to time published on this question—at the work of public officers being decided by a secret scale, or, for aught they know, upon the individual judgment or want of judgment of an official personage. The principle of payment for results is undoubtedly good; but we think the strivers for the reward should be made acquainted with some more precise information as to the conditions necessary to be fulfilled other than is contained in being told that a faithful and an assiduous execution of, and a dutiful compliance with, the Act of Parliament, the regulations of the Privy Council, and the contracts with the guardians will, on the report of their Lordship's inspectors, entitle contractors to the favourable consideration of my Lords of the Privy Council. The amount distributed during the year 1868 to public vaccinators in the shape of awards was £2753 2s.: 129 vaccinators receiving first-class gratuities, or 1s. in addition to their vaccination fees for each of their vaccinations; and 216 receiving second-class gratuities, or 8d. extra for each vaccination. The largest amount given was £136 18s.—a by no means insignificant addition to a public vaccinator's earnings.

The national supply of vaccine lymph is stated in the Report to have been that which is desirable. But in connexion with this particular part of the subject of vaccination there is a paragraph relating to the use of lymph direct from calves—a practice which has of late been attracting some amount of public attention here, and which has at a remoter period been the subject of criticism on the Continent. We give the paragraph in question, and must look forward to the production of the report on this matter either next or some other subsequent year.

"With reference to this branch of the service, my Lords had their attention drawn to a system which is in vogue in some parts of the Continent, for maintaining continuous sources of lymph-supply for the human subject by keeping a succession of calves inoculated with the specific contagium; and their Lordships had a report prepared for them by Dr. Ballard, on the arrangements which are in use abroad for this so-called 'animal vaccination.' Further information, however, is requisite before any final opinion can be formed on the question of making more or less use of the system for purposes of our National Vaccine Establishment; and, therefore, on the present occasion the subject cannot be written of in detail."

During 1868 the Privy Council made further regulations for securing the efficient performance of public vaccination and in respect of the revaccination of persons who apply to be revaccinated. These regulations require a public vaccinator under ordinary circumstances to vaccinate only at public stations; not oftener than once weekly; and if in a town district, only at one station therein. They provide a limitation, as regards towns or the smallness of districts, for vaccination. They direct that each district shall have but one vaccinator, and also direct the extent to which revaccination may be given at the public expense.

In addition to vaccination there are other questions which have received the attention of the Privy Council, and these include the following subjects:—General sanitary administration; auxiliary scientific investigations, comprising further investigations, by Dr. Thudichum, on the chemical identification of disease, and further investigations by Dr. Sanderson as to the inoculability and development of tubercle; additions to sanitary laws; the passing of the Pharmacy Act, 1868; the question of State interference to provide for the disinfection of prostitutes; and the question of consolidating and bringing into system the laws and administrative agencies which concern the public health.

It is impossible for us to give in one notice all the main points contained in this yearly volume, and we shall therefore in this number continue by dealing with the matters treated of under the heads of General Sanitary Administration and the Additions to Sanitary Law.

Under the head of General Sanitary Administration are given the particulars of the investigations of the department into the causes of local outbreaks of disease, and the correspondence which has taken place between the department and the several local authorities concerned. The instances in which inspectors were sent by the Privy Council were seven—namely: at Walton-le-Dale, in Lancashire; at Bootle, in the same county; at Thetford, in Norfolk; at Clifton Hampden, in Berkshire; at Barnet, in Middlesex; at Luton, in Bedfordshire; and at Dunstable, also in Bedfordshire. There was also inquiry made as to the prevalence of venereal maladies among the poorer parts of the civil population in London; and, in addition, there is a report by Dr. Ballard, medical officer of health for Islington, on the statistics of sickness treated at the public expense in that parish in the period during the twelve years ending 1868, and which has been presented to the Government by that gentleman without fee.

The public are not informed this year, as on previous occasions, of the particulars of the local epidemics which induced the Government to exercise the inspectorial functions with which it is entrusted in health matters by Parliament; but from information which we have gathered from the press in general, and especially from newspapers circulating locally in different parts of the country, the outbreaks of disease which have been investigated have been like those of former years; and from information which we are constantly receiving from the country, it appears to us difficult to realise upon what system these inquiries are made, or why some particular outbreaks are chosen to the apparently ignoring of other outbreaks, which would seem to equally justify, and even to require, investigation by the Health Department of the State, except upon the supposition that inspections are only instituted upon appeal by memorial from affected localities. But even here much of the good and gain which would be likely to result is negatived by the information, which is gathered on these occasions, remaining pigeon-holed in the department, perhaps for ever, or until such a remote date that all public interest in the matter is gone. We have ever been at a loss to know why these particulars, which are of immense consequence to the public health, should not be communicated for the information and instruction of those upon whose scientific knowledge and watchfulness the preservation of the public health must, of necessity, very materially, if not most materially, depend. We have ever found another great department of the State willing to afford the earliest and every information which may be of interest relating to the public health; and it is therefore the more inexplicable to us why the Medical Department of the Privy Council does not afford to the profession the same timely assistance and information.

The Additions to Sanitary Law appear from the Report of the Medical Officer of the Privy Council to consist only of the Pharmacy Act of 1868; but here he is in error. There was another Act of Parliament passed in that year with reference to health matters—namely, the Sanitary Act of 1868. This Act is, however, so unmistakably a hindrance to sanitary progress, by the perplexities and contradictions which it has caused, that we suppose the omission to notice its existence was not altogether accidental. And perhaps this is the best way for the department to treat it; for it is anything but creditable to the Government department answerable for it that such a bungling and slovenly piece of legislation should have been added to the statute book.

With regard to the Pharmacy Act we give Mr. Simon's remarks thereon:—

"This statute is chiefly directed against evils to which I particularly drew attention in my sixth report, as attaching to the practice of pharmacy by unqualified persons, and to the too unrestricted procurability of poison for criminal purposes. The new law is to be worked by the Pharmaceutical Society, under the general sanction and supervision of my Lords of the Privy Council. It provides that in future

no one shall begin any such pharmaceutical practice as involves a sale of poisons, unless he have first passed a sufficient examination in pharmaceutical knowledge; and that poisons shall not be purchasable except with such personal identification as would probably hamper anyone who intended to make criminal use of them; and that the keeping and sale of poisons generally shall be subject to regulation under the Act. It also affirms an important principle in regard of the adulteration of drugs, by enacting that the provisions of the Adulteration of Food Act of 1860 shall be extended, *mutatis mutandis*, to the sale of drugs."

The consideration of the other matters referred to in the Report will, as we have before stated, be continued in subsequent numbers.

ADDRESS TO MR. SYME.

To James Syme, Esq., D.C.L. Oxon., M.D. Dublin, F.R.C.S., F.R.C.S.Ed., F.R.C.S.I., F.R.S.E., Surgeon in Ordinary to the Queen in Scotland, &c. &c.

DEAR SIR,—At the thirty-third annual meeting of the Border Medical Association, we, the undersigned members present, unanimously resolved to ask you to receive from us a short address on the occasion of your resignation of the Professorship of Clinical Surgery in the University of Edinburgh.

We desire to convey to you our warmest thanks for the very kind manner in which you have at all times discharged your duties towards our patients and ourselves. We beg also to thank you sincerely for innumerable acts of personal kindness and attention, for which we shall ever feel grateful. Although the members of our profession generally have resolved to offer you some testimonial in recognition of your inestimable services, and although you have already received a most hearty expression of sympathy and regard from the profession practising in far distant lands, we trust that it will not be otherwise than agreeable to you to know that the medical and surgical practitioners in your own Border land are equally sensible of, and grateful for, the great advantages they have derived from your precepts and example.

It was with unmingled feelings of sorrow and regret that we heard of your illness; and we now most heartily rejoice to know that you have so far recovered as to be able to resume those professional duties which we have all learned to value so highly. We desire to express the earnest hope that you may yet be long spared to give us the benefit of that eminent wisdom, vast knowledge, and matchless diagnostic tact and skill which have rendered your name famous wherever the science and art of surgery are known. It is to us a source of pleasure that, on the very day of our assembling here, it has become known that you are to be succeeded in your chair by your son-in-law, Mr. Lister, believing as we do that his appointment will be peculiarly gratifying to yourself, in the highest degree acceptable to the profession at home and abroad, and highly calculated to maintain the celebrity of the Edinburgh surgical school, in which you have so long been the distinguished master.

With every sentiment of gratitude, respect, and esteem,

We remain yours faithfully,

JOHN ROBERTSON, M.D., *Chairman.*
H. S. ANDERSON, M.D., F.R.C.S.E.
GEORGE GILLIES, L.R.C.S.E.
JAS. FALLA, Surgeon, L.R.C.S.E.
ROBERT PURVES (*Croupier*), Surgeon, Edinburgh.
J. PAXTON, L.R.C.P. & L.R.C.S.Ed.
W. M. MACKENZIE, M.D. Edin., Kelso.
CHARLES STUART, M.D. Edin., L.R.C.S.E.
M. J. TURNBULL, M.D. Edin., L.R.C.S.E., *Convener.*
HENRY VOST, L.R.C.S.E.
ALEXANDER BROWN, L.R.C.P. & S. Ed.
JOHN HUME, L.R.C.S.E.
DAVID HOPE SOMERVILLE, M.D. Edin., L.R.C.S.E.
WILLIAM BLAIR, M.D. Glas.
JOHN ANGUS M'DOUGALL, M.D.
PATRICK KYNOCK, Physician.
JAS. PITCAIRN BOOKLESS, L.R.C.P. & S. Ed.
HENRY R. FAUCUS, M.D.
WM. ALBERT PAXTON, M.B. T.C.D., L.R.C.S.
PETER BUCHAN, M.B., L.R.C.S.E.

Kelso, Aug. 18th, 1869.

Correspondence.

"Audi alteram partem."

EXAMINATION AT THE BEDSIDE.

To the Editor of THE LANCET.

SIR,—A statement relative to the examinations held severally at the Royal College of Surgeons of England, and at this College, appeared in a leading article of your impression of the 28th instant, which, if allowed to pass unnoticed, is calculated to mislead the public and the profession. The statement to which I refer is as follows: "At neither establishment is the candidate as yet taken to the bedside, as he ought to be." Permit me to inform you that candidates for the Licence of the College of Physicians are, and have been for the past ten years, taken into the wards of an hospital, and examined at the bedside, both on surgical and medical diseases; and I may add, that very great value is attached by the College and by the examiners to this portion of the examination as a test of the candidate's sufficiency for practising his profession.

I am, Sir, your obedient servant,

HENRY A. PITMAN, Registrar.

Royal College of Physicians, London, Aug. 31st, 1869.

QUEEN'S COLLEGE, BIRMINGHAM.

To the Editor of THE LANCET.

SIR,—The letter from your Birmingham correspondent in your last number contains a paragraph referring to the delivery of the Introductory Address at the opening of the session of Queen's College.

In accepting the unanimous and cordially-expressed invitation of the Council (including four of the Professors, who were present) that I should give this address, my only desire was to manifest the warm and continued interest I felt in an institution with which I had been connected for so many years, and to promote the success of which I had given time and labour I could ill spare.

This success is endangered in no slight degree when the acts of the Council are criticised in the tone and spirit manifested in your correspondent's letter.

It is not for me to refer to my labours in the cause of medical education, or to my claims for the position which the Council saw fit to assign to me; much less can I think of retaining that position in the face of opposition, however unworthy.

I have placed my resignation in the hands of the Council.

I am, Sir, your obedient servant,

ALEXANDER FLEMING.

Temple-row, Birmingham, August 31st, 1869.

THE ANTISEPTIC TREATMENT.

To the Editor of THE LANCET.

SIR,—I should not have thought it needful to trouble you with any remarks on Dr. Morton's letter in THE LANCET of to-day, were it not that the circumstance of his having once been my colleague in the Infirmary may lead some of your readers to suppose him favourably situated for estimating the antiseptic treatment at its true value. On this account I think it right to state that "with every wish to arrive at the truth," he has never had the curiosity to enter my wards to ascertain how the treatment is conducted by myself.

As to his own experiences, which have led him to conclude that "it does not succeed in Glasgow any better than in London," I may remark that anyone using carbolic acid as a "remedy," without reference to antiseptic principles, will be sure to meet with unsatisfactory results, whether here or elsewhere.

On the other hand, our means for carrying out those principles are, I rejoice to say, constantly improving; and, unless I am much mistaken, the day is not far distant when those who do not succeed will be ashamed to confess it.

I am, Sir, your obedient servant,

Glasgow, August 28th, 1869. JOSEPH LISTER.

CAUSES OF DEATH AT SEA.

To the Editor of THE LANCET.

SIR,—The case of the young seaman whose ulcer was treated with blue-stone by his captain in deference to the wrong book, is by no means singular. The only odd part of it is that the case has been found out, and made public through your columns.

The Board of Trade publishes annually a statistical return of seamen who have died at sea, classified according to the supposed causes of death. Sixteen causes of death are enumerated, and 5283 cases, in the year 1867. But who certifies the death and its cause? How do we know that the cases so carefully tabulated represent any approximation to the truth? We have merely the opinion of the master of the vessel, who may be quite as ignorant of medicine as your "blue-stone" friend. On the other hand, it is currently suspected that many deaths are caused by wrong medicines, or overdoses of the right ones.

Why should not a medical man be appointed to inquire into the particulars of every death occurring on board ships which do not carry surgeons? If the medical man finds the accidental or inscrutable element present, let him call for a coroner's inquest, and let the law be so amended that the absence of the body need not interfere with the verdict, except, perhaps, in cases of murder.

Instead of the accidental discoveries of the medical staff of the *Dreadnought*, we should learn how best to proceed in preventing the reckless sacrifice of life at sea which now obtains in part from so-called "accident," and in part from medicinal blunders.

Such medical inspectors would doubtless be led to direct attention to dietary arrangements, and thus stimulate inquiries as to the cheapest way of providing an antiscorbutic scale of provisions. This would render unnecessary our too exclusive dependence on antidotes to wrong diet, such as lime-juice, &c.

As it is now, nobody knows why a sailor dies on the high seas; and seamen have still too much cause to sing—

> Where he goes, and how he fares,
> No one knows, and no one cares.

I am, Sir, your obedient servant,
W. DAWSON, Commander, R.N.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE HEALTH OF THE EMPEROR.

DURING the last fortnight most contradictory reports have circulated in Paris touching the Emperor's health. Several journals spoke of his Majesty's illness as being very serious, and many maladies have been openly mentioned, or covertly alluded to, as existing separately or together. Meanwhile the *Journal Officiel* remained quite silent, whilst the other Governmental journals seemed to attach scarcely any importance to the illness of the Emperor. It was a mere touch of rheumatism, they said, which did not prevent him from taking his daily walk in the gardens of St. Cloud. The attention of the French Government having been drawn to the necessity of giving to the public a regular and official account of the Emperor's health, the *Journal Officiel* has since published a daily bulletin. It would appear from these announcements that the Emperor has been suffering from rheumatism, and that he is every day getting better.

As far as I am able to judge, amid the conflicting reports of friends and journals, it would appear that the Emperor has been more seriously indisposed than was mentioned by the Court journals. I have been informed that his disease consisted mainly of an attack of rheumatism, coupled with disorder of the urinary organs, and perhaps the existence of piles. The *menus soins chirurgicaux* mentioned in *Le Figaro* doubtless applied to the treatment of one or other of the two latter affections, and indeed would seem to imply merely the use of a catheter. It would also appear that the Emperor is at present in an anæmic condition, and has taken little food of late, though he has not lost his appetite. It is well known, or generally credited, from the Emperor's frequent sojourn at Vichy, &c., that he is prone to suffer from disorder of the urinary organs, and some passing attack of cystitis may have prevented him—though he is now able to walk about in his room—from mounting on horseback or on a carriage, so as to show himself to the Parisians—a fact which has been much remarked. The anecdotes that have been quoted during the last few days in connexion with this and Marshal Niel and Nélaton—to wit, that the Emperor has lost all confidence in the surgeon since the Marshal's death, and considers Nélaton as no longer having *la main heureuse*,—all these anecdotes, I think, have been coined by the *à propos*. Nélaton still enjoys the greatest favour at Court, and visits the Emperor every morning at nine, together with Dr. Fauvel, the Emperor's physician. Dr. Corvisart, the Emperor's ordinary physician, is constantly in attendance, as he resides with the Emperor. Dr. Cusco, of Lariboisière, it is said, has also been consulted. With regard to Dr. Chelius, whom report had brought from Heidelberg to Paris, and summoned to the palace of St. Cloud, I have already denied the truth of this assertion in my last letter.

On the whole, it may be said that the Emperor's indisposition has been commented upon with much exaggeration, and has given rise to many false reports. He has only had one of those indispositions to which men of his age are so frequently subject. His life has not been in the least threatened, though, of course, his illness excited some anxiety among the family and the Government.

A NEW TONI-FEBRIFUGE: QUINO-PICRIC ACID.

At the last meeting of the Academy of Medicine, M. Ossian Henry read an interesting note on a new toni-febrifuge, a succedaneum of quinine, which he designated by the name of quino-picric acid. The medicament has been obtained by M. Ossian Henry, in conjunction with two other *savants*, MM. Alfroy Duquet and Perret. It has already been administered with success in several well-characterised cases of malarial fever. In one case, a man and a child, both affected with intermittent, were radically cured on the employment of one gramme of this acid, given pure, in two or three doses.

M. O. Henry and his *collaborateurs* believe that there exist in the chinchona bark, besides quinine, several active alkaloids, the medicinal use of which should be advocated with reason; that when these alkaloids are isolated so as to remain *quite pure*, they may, on being combined with picric acid, give origin to a yellowish substance, crystallised or amorphous, which may be designated by the name of quino-picric acid, and which joins the properties of picric acid with about the same properties as the sulphate of quinine; and last, not least, that the low price of this product will allow the poorer classes to benefit by these medical compounds of the chinchona bark.

Obituary.

GILBERT W. MACKMURDO, Esq., F.R.S.

THIS amiable though not highly distinguished surgeon has recently passed away at a good old age, beloved by all those who had the pleasure of his intimate acquaintance. No man, probably, has had more brilliant chances on commencing life than Mr. Mackmurdo, who, in addition to a fine personal appearance and a fair patrimony, enjoyed great city and mercantile influence. Thanks to this last, he early obtained several most desirable public appointments; being surgeon to St. Thomas's Hospital, to the Moorfields Ophthalmic Hospital, and to Newgate, the last appointment giving him for many years a handsome salary with a commensurate retiring allowance. Thoroughly popular with his pupils and with his patients of all degrees, he yet failed to make his mark as a practitioner, and never obtained the leading position which might have been anticipated for him.

Mr. Mackmurdo became a Fellow of the College of Surgeons in 1843, and a member of the Council in 1850. He took no active part in College matters, seldom if ever speaking; and very sensibly declined to be put in nomination for

an examinership when his turn came round. He had to stand a re-election to the Council in 1861, when his personal popularity carried him in; but he declined, from failing health, to come forward again last July. Mr. Mackmurdo was for many years on the Court of Assistants of the Fishmongers' Company, of which he was once Master. He never never made an enemy in his life willingly or wilfully, was courteous and kind, and leaves an honourable name behind him.

DR. BEGBIE.

EDINBURGH—or rather Scotland—has lost one of her most honoured and characteristic physicians, Dr. James Begbie. This event had been anticipated for some time both by Dr. Begbie and the public; but for all that there is a great sense of loss. Dr. Begbie began his professional life under great auspices. He was the pupil of Dr. Abercrombie, and afterwards his assistant. In these relations to Dr. Abercrombie we can readily believe that he acquired lessons in the art of medical observation, and in the use of his intellectual powers, which were of a very good order, to which some of his ultimate success as a physician were due. In the capacity of Dr. Abercrombie's assistant, it was Dr. Begbie's duty to instruct Dr. Abercrombie's numerous other pupils, and he did this in a way which commanded their entire esteem and regard.

Dr. Begbie began life as a general practitioner, and attained such a reputation as a family physician, that twenty years ago, with the universal assent of the profession and the public, he began consulting practice, and continued it with great success down to the commencement of his fatal illness. As may be supposed, he was too much occupied in the duties of his practice to write very much; but whenever he did write he wrote well and like a wise physician, and his papers were extensively read by the profession. Among these were his paper on the Use of Arsenic in Chronic Rheumatism; the Use of Nitro-Muriatic Acid in Oxaluria; his Contributions to Vital Statistics, based upon the experience of the Scottish Widows' Fund Life Assurance Society, of which he was the medical adviser for nearly forty years; and his more recent paper on the Use of Bromide of Potassium in Nervous Diseases. His various papers were collected and published by Messrs. Adam and Charles Black in 1862, under the title of "Observations in Practical Medicine."

Dr. Begbie, like his great master and friend, Abercrombie, rose, as we have indicated, from the ranks of general practice to be a consulting physician. These are the men that make our best consultants. They know more of disease in its inception, more of its ins and outs, and are often more effective in treating its details, than men who have dealt only with the gravities of consulting practice. Dr. Begbie, like most successful physicians, was a man of good common sense, and endowed with considerable tact. He was occasionally rather fanciful in his pathology, and sanguine in his therapeutics. He seemed to have an idea that a vast number of maladies were due to latent gout, and, like all introducers of new medicines, he was apt to ride his hobby too hard. But, for all this, he was a sound and judicious practitioner, highly honourable and courteous in his professional relations, and a great favourite with his patients.

Of Dr. Begbie's private character we may allow an Edinburgh contemporary to speak. The *Edinburgh Courant*, in a just and appreciative notice of this physician, says:—

"Of Dr. Begbie's private character, his amiability of disposition, frankness of manner, and entire freedom from the littleness which clings to some professional men otherwise more generously endowed, it is unnecessary to write; nor dare we do further than merely lift the veil for a single instant while we affirm that throughout his entire life he exhibited an irreproachable Christian character,—a character which, during his trying illness, and at death, shone forth with peculiar brilliancy."

The *Courant* gives the following particulars of Dr. Begbie's history:—

"Dr. Begbie became a Fellow of the Royal College of Surgeons in 1822, and in 1847 a Fellow of the Royal College of Physicians; of the latter body he was President in 1854–56. He was a Fellow of the Royal Society, and for several years Physician-in-Ordinary to the Queen in Scotland. After the passing of the Scottish Universities Act, by which many important changes were brought about in these institutions, he accepted, chiefly in compliance with the wish of his esteemed friend, Dr. Christison, the post of Examiner in Medicine in the University of Edinburgh. During 1850–52 he was President of the Medico-Chirurgical Society. There were some other distinctions which came to him unsolicited, but his natural retiredness of disposition led to his setting little value on such."

The disease of which Dr. Begbie died, we understand, was feeble heart, without valvular disease, with œdema, bronchitis, and ultimately serous diarrhœa, which carried him off rapidly.

ALEXANDER GUTHRIE, ESQ.

(OF BRECHIN, FORFARSHIRE.)

WE have to announce the death of this esteemed and venerable member of the profession, which took place at his residence, Townhead, Brechin, on the morning of the 22nd ult. Mr. Guthrie, who was a brother to the famous Dr. Thomas Guthrie, Edinburgh, was born at Brechin in May, 1792, and had therefore entered the seventy-eighth year of his age. He was educated in his native town, and passed through his medical curriculum at Edinburgh, where he took his surgeon's diploma in 1810. He afterwards studied for a short time in London, under Sir Astley Cooper, Cline, Dr. Babington, and other celebrated teachers of the time, and commenced practice in the comparatively small and obscure sphere of Brechin. Here he gradually rose to a position of high distinction and celebrity, his advice being sought often by parties residing at great distances from the immediate field of his practice. He was possessed of acute powers of observation, and of a remarkably clear, cool, and sagacious judgment, and this, in union with a peculiarly bland and genial manner, gave him an influence over his patients which was felt to be irresistible. He had an imposing presence, his frame being tall, robust, and well-proportioned, and his features singularly handsome and intelligent; indeed, in his general physique, it was often remarked that he bore a striking resemblance to the well-known portrait of the late Sir Astley Cooper. About eleven years ago his numerous pupils presented him with an elegant brougham, in testimony of their esteem; and in 1862, on the completion of his fiftieth year of medical life, the general public of Brechin and neighbourhood presented him with a testimonial, for which upwards of £500 had been subscribed.

He has gone down to the grave full of years and honours—a fine type of that class of medical men who, choosing a provincial field of practice, by their long, honourable, and successful career, rise to a position of just distinction and renown, and exalt the profession in the eyes of a widespread community.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Aug. 26th:—

Murphy, Michael Dominic, Egmont, Buttevant, Cork.
Preston, Theodore Julian, Belsize-road, N.W.
Schmidt, Alfred Edwin, Tyssen-street, Bethnal-green.
Sharpe, Henry John, Queen-street, Worship-street.
Vines, Henry Jeckell Kendrick, Friar-street, Reading.

The following gentlemen also on the same day passed their first professional examination:—

Edward Clayton Ling, of Middlesex Hospital; Thomas Palmer Stephens and Henry Gunton Turner, of Guy's Hospital.

BIRMINGHAM MEDICAL BENEVOLENT SOCIETY.—The following appointments were made at the Annual General Meeting of the Society, on Friday, August 27th.—President: Mr. D. W. Crompton. Vice-Presidents: Mr. Spencer Edmonds (Appleby), Mr. F. P. Palmer (Walsall), Mr. Malim Sharman (Birmingham), Mr. David Johnson (Birmingham). Dr. Bell Fletcher, Mr. Edwin Chesshire, and Mr. Clayton, were reappointed directors.

THE Library of the Obstetrical Society will be closed from Monday, Sept. 6th, to Saturday, Sept. 18th, both days inclusive.

ANOTHER death from hydrophobia, making the third or fourth within a few months, has occurred at Preston, in Lancashire.

OPERATIONS have been commenced for the formation of a new reservoir, with a capacity of 749 million gallons of water, for the improved supply of the borough of Leeds.

FIVE cases of sunstroke took place in the county of Cork last week from the intense heat which prevailed there; three of the sufferers had their heads uncovered at the time.

CONTRIBUTIONS to the amount of £500 have been subscribed by the friends of the late Dr. Manning, of Wicklow, as a testimonial and tribute to his memory.

DR. RICHARDSON, F.R.S., was elected on Aug. 19th an honorary member of the Physiologico-Medical and Statistical Academy of Milan. The Academy, which is under the presidency of Dr. G. Ferrario, of Milan, is one of the most active and useful of the learned societies of Italy.

RAILWAY ACCIDENTS.—Mr. Erichsen's work on the cerebral lesions depending on these accidents has just been translated by Dr. Kelp, of Oldenburg. The *Allg. Med. Central Zeit.*, of the 13th of March, 1869, contains a review of the book.

THE Brighton Town Council has refused the application of the owners of property in the Hollingdean-road to be permitted to discharge the surface water, which from some cause they find accumulates there, into the Brighton main sewer. The owners were willing to pay for this accommodation had their request been granted.

THE new chapel at the Devon and Exeter Hospital, which has been erected for the use of the inmates at the sole expense of Mr. Arthur Kempe, F.R.C.S., one of the honorary surgeons, was opened for public worship on Tuesday last. The cost of the building is said to be nearly £2000.

THE "Madras Mail" announces the death, at forty-three years of age, of Dr. Howard B. Montgomery, Secretary to the Madras Sanitary Commission, *ex-officio* Professor of Hygiene in the Madras Medical College, and editor of the *Madras Quarterly Medical Journal*. We hope to find space shortly for a notice of Dr. Montgomery's professional career which has been thus prematurely cut short.

A FEW cases of cholera appear by recent advices to have occurred at Madras, and the contagion is said to have been imported by travellers from the Bellary district. Energetic measures have been taken by the sanitary and municipal authorities to prevent further importation of the disease.

THE Poor-law Board has expressed an opinion that, in consequence of pending changes in the constitution of the union, it is inadvisable for the guardians of St. Margaret's and St. John's, Westminster, to increase the salary of their medical officer, Dr. Bond, as they desired to do. The Board advises that the guardians should make some temporary arrangement as to the cases to be attended to by Dr. Bond.

THE "Preston Guardian" of the 21st ult. contains the report of an inquest on a carter at Hapton, who died, apparently, of some injury of the pelvis and urethra that he received from having been run over. The jury censured the medical man and police for neglect and inefficient attention. The injury seems, unfortunately, to have been overlooked in the first instance, and the man, on the supposition of his being drunk, was placed in a police cell. The medical evidence seems of a rather loose character, possibly from being badly reported. The man had been drinking some beer. But the moral of this and other similar cases lies upon the surface—viz., that where there is any suspicion of injury, the medical examination should invariably be very carefully conducted. We do not believe that the man's life would have been saved in the present instance, but those concerned would, at any rate, have shielded themselves from all animadversion.

Medical Appointments.

ASPRAY, C. O., M.R.C.S., has been elected Surgeon to the St. James's Dispensary, King-street, Regent-street.

BRADSHAW, Dr. W. H. DE LA MAINE, has been appointed Assistant House-Surgeon and Dispenser to the Kent and Canterbury Hospital, vice Laird, resigned.

BECK, M., M.S., F.R.C.S., has been elected Surgeon to the St. James's Dispensary, King-street, Regent-street.

BERNARD, G. P., L.F.P. & S. Glas., has been appointed Medical Officer for the Flamstead District of the Hemel Hempstead Union, Herts.

CAMPBELL, C. M., M.B., has been appointed Medical Officer for the Redmarley District of the Newent Union, Gloucestershire, vice G. B. York, L.R.C.P.Ed., resigned.

CROMPTON, D. W., F.R.C.S.E., has been appointed President of the Birmingham Medical Benevolent Society.

DUNN, G.P., M.R.C.S.E., has been appointed Medical Officer for the Romsley District of the Bromsgrove Union, Worcestershire, vice Edward Moore, F.R.C.S.E., resigned.

EDDOWES, W., M.R.C.S.E., has been appointed Surgeon to the Shrewsbury Police.

GARGORY, C., M.R.C.S.E., has been appointed Medical Officer for Districts Nos. 3 and 5, and the Workhouse, of the Tonbridge Union, vice Buchan.

GILES, J., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the second Division of the Caxton District of the Caxton and Arrington Union, Cambridgeshire, and Medical Officer to the Workhouse, vice A. J. Wright, M.R.C.S.E., deceased.

GINDRAS, A., L.R.C.P.Ed., has been appointed Medical Officer for the Altofts District of the Wakefield Union.

HARRIS, H., M.R.C.S.E., has been appointed Medical Officer for the Gwennap District of the Redruth Union, Cornwall, vice G. Michell, M.R.C.S.E., resigned.

HAYNES, F. H., M.R.C.S.E., has been appointed House-Surgeon to the Warneford Hospital, Leamington, vice J. Morris, M.R.C.S.E., L.S.A.L., resigned.

LITTLETON, W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the No. 4 District of the St. German's Union, vice J. L. Clark, resigned.

LYNCH, Dr., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Louisburgh Dispensary District of the Westport Union, Co. Mayo, vice J. P. Burke, M.D., resigned.

MACKENZIE, W. S., L.R.C.P.Ed., has been appointed Medical Officer for the Normanton District of the Wakefield Union.

OGLE, Dr., has been appointed Hon. Physician to St. Leonard's Hospital, Sudbury, Suffolk.

PERKIN Mr. W. H., F.R.S., has been appointed Lecturer on Technical Chemistry in Anderson's University, Glasgow.

TAYLOR, Mr. J., of Guy's Hospital, has been appointed Assistant House-Surgeon to the Sheffield Public Hospital and Dispensary, vice North, whose appointment has expired.

TAYLOR, Mr. J. S., has been appointed House-Surgeon to the Leeds General Infirmary.

WILLIAMS, Dr., of Amlwch, has been elected Medical Officer for the Holyhead District of the Holyhead Union, vice J. R. Price, L.R.C.P.Ed., deceased.

Births, Marriages, and Deaths.

BIRTHS.

AMBLER.—On the 7th ult., at Henley-park, Yorkshire, the wife of Dr. V. Ambler, of Colville-square, Hyde-park, of a daughter.

AUSTEN.—On the 27th ult., at Ramsgate, the wife of J. Austen, M.R.C.S.E., Surgeon R.N., of a son, still-born.

BENNETT.—On the 18th ult., at Potter-street, Worksop, the wife of E. Bennett, M.R.C.S.E., &c., of a daughter.

CLARKE.—On the 4th ult., at The Castle, Annotto Bay, Jamaica, the wife of Myrry Clarke, Esq., of a son.

COLBECK.—On the 26th ult., the wife of T. W. Colbeck, L.R.C.P.L., of Customs-quay, Dover, of a daughter.

CURTIS.—On the 26th ult., the wife of A. Curtis, M.R.C.S.E., of Staines, of a daughter.

MARTYN.—On the 25th ult., at Richmond-hill, Clifton, the wife of Dr. S. Martyn, of a son.

MARRIAGES.

KENDAL—RIDLEY.—On the 26th ult., at the Parish Church, North Tyne, Simonburn, C. E. Kendal, M.R.C.S.E., of Wark, to Elizabeth Yarrow Ridley, daughter of the late Thomas Ridley, Esq.

MILSOME—RICKMAN.—On the 2nd inst., at Staines, Dr. John B. Milsome, of Chertsey, to Mary, eldest daughter of the late James Rickman, Esq., of Staines.—No Cards.

NUGENT—COLTHIRST.—On the 3rd ult., at Kingston, Jamaica, H. Nugent, L.K.Q.C.P.I., Staff Assistant-Surgeon Army, to Fannie Ann, daughter of H. F. Colthirst, Esq.

DEATHS.

BULLAR.—On the 29th ult., Wm. Bullar, M.D., of Basset-wood, Southampton, aged 59.

LANNIGAN.—On the 27th ult. (suicide by pistol-shot after shooting his wife), H. Lannigan, L.K.Q.C.P.I., of Kilmeaden, Co. Waterford.

PURCELL.—On the 27th ult., at Scarborough, Charles Gore Purcell, M.D., youngest son of Dr. Purcell, late Poor-law Medical Inspector for Ireland, aged 22.

RYDER.—On the 24th ult., Thos. J. Ryder, M.R.C.S.E., of Greenwich.

TUCKER.—On the 23rd ult., Isaac Tucker, M.R.C.S.E., of Westbury, Wilts, aged 45.

WILSON.—On the 24th ult., Dr. Wm. Thomas Wilson, of Thomas-street, Armagh.

Notes, Short Comments, and Answers to Correspondents.

THE STUDENTS' NUMBER OF THE LANCET will be published on Saturday next, September 11th. Those gentlemen holding official situations connected with Medical Institutions in the United Kingdom, who have not yet forwarded the necessary information to our Office for publication in that Number, are earnestly requested to send it *without the delay of a single post.*

DISCUSSION ON SYPHILISATION.

WE have received a report of a recent discussion on the above subject at the Medical Society of Christiania, extracted from the *Nordiskt Medicinskt Archiv*. The discussion in question was occasioned by Dr. Holst's report on Messrs. Lane and Gascoyen's paper at the Medico-Chirurgical Society of London. In no other place has syphilisation been pursued so extensively or with such assiduity as in Norway; but it would still be difficult for anyone to determine what, after all, is its value as a curative process. We do not lay much stress upon the discrepancy existing between Prof. Boeck's figures and those of Dr. Owre. According to the former, the relapses of a secondary character amounted to 12 or 13 per cent.; according to the latter, to 15 per cent. Dr. Owre regards syphilisation as an expectant method of treatment, and not one to be recommended, and he substantially agrees with the conclusions arrived at by Mr. Gascoyen; indeed, after comparing the results of various methods of treatment, including that by mercury, he is satisfied that we do not possess such a thing as a specific cure for syphilis. Dr. H. Vogt, late Assistant-Physician of the Maternity Hospital, did not consider that the opinion which had been pronounced as to the injurious effects of mercury had been sufficiently proved. He allowed, of course, that large and frequent doses were injurious; but he thought that it might still prove useful when employed in another manner, and, he added, three of the head physicians to the hospital were still using it, and that the medical men of Christiania had, in his belief, lately been returning to it. He quoted a statement from Prof. Faye's report as to the occurrence of syphilitic symptoms in eighteen children born of mothers who had undergone syphilisation. Dr. J. Vogt, of the army, made some remarks to a similar effect. Drs. C. Budde, Keyser, and Prof. Lochmann likewise criticized the method of treatment by syphilisation, expressing some scepticism as to its superiority over other plans. So far the speakers were either for letting the symptoms alone, or adopting an expectant plan of treatment, or for having recourse to mercury. On the other hand, Drs. Bidenkap, Hjout, Gjor, Holst, Wiles, Backer, Winge, Lund, and Prof. Voss united in giving a judgment more or less favourable to syphilisation. Dr. Bidenkap had repeatedly gone through the registers of the hospital, and he found that there were 66 relapses in 545 patients, making 12 per cent. of those treated. After making some remarks on the pathology of syphilis, and pointing out the similitudes and differences between this disease and the exanthemata, Dr. Bidenkap reviewed the different therapeutical measures which had been proposed at various times, and declared, as the result of his experience, that syphilisation was the best method with which he was acquainted. It ought never, we think, to be lost sight of that syphilis, like other diseased processes engendered by morbid poisons, exhibits a tendency to run through a regular course, and to unfold itself in a definite series of morbid phenomena, but that great differences in the degree of severity of syphilitic infection exist in different cases—to say nothing of diversities of constitution. Some of the milder forms of the disease will pursue their course, and the patient will recover with little or no treatment. The injudicious use of mercury at any stage, and particularly during the earlier, will modify to some extent the evolution of the symptoms, but aggravate the severity of the subsequent manifestations; yet there is, after all, no remedy equal to mercury in removing such manifestations. Let it be granted that it is no antidote to syphilis, that the virus cannot be eradicated by it or any other agent, and that we can only hope to treat and remove its effects; still our expectations as regards mercury are, to say the least, often fully justified by the results that follow its employment—so often that most practical men are agreed on the subject. We do not think syphilisation would be practicable, or that it would be tolerated by patients in this country. With every desire to give Prof. Boeck and his colleagues credit for the enthusiastic way in which they have laboured to discover a remedy which should effect all that mercury can do, with more certainty and less risk to the patient, we conceive that the Christiania surgeons must bring stronger evidence than has yet been adduced, and exhibit more agreement in their verdict on the merits of syphilisation, before it will displace mercury and iodide of potassium.

Mr. J. N. Stevens (Plymouth) requests us to state that his salary, as medical officer of the Borough Gaol, has been increased from £50 to £65, not from £60 to £65, as stated in our impression of the 14th ult.

Scrutator.—We do not see that anything would be gained by the publication of our correspondent's communication.

CHAPLAINS TO INFIRMARIES.

THE Governors of the Isle of Wight Infirmary have been warmly discussing, firstly, the propriety of paying their chaplain; and, secondly, the mode in which payment should be made. They generally agree that the chaplain should be remunerated for his services, but they differ as to the source whence an honorarium should be obtained. On the one hand, it is thought by some that it should be defrayed from the general fund (and this has been decided upon); others again, on the other hand, contend that it should be provided by the raising of a special fund. We are of opinion that the chaplain should be, if possible, a paid officer, otherwise no satisfactory guarantee exists for the proper performance of his duties, nor can the Managing Committee exercise due control over him. The experience of the institution to which we are now specially referring suffices to show this. Every successive clergyman, said Mr. Leeds at a meeting held last week at Ryde, who had come there had told them that he had not time to perform the duties of chaplain to the infirmary in the way the Committee felt they should be performed; and the infirmary having been enlarged very much upon the representations of the clergy in different parts of the island, these duties had increased in like ratio. When the new Vicar came they had great difficulty in obtaining the services of a chaplain to the extent they wished. *The chaplain came when he was able to do so, and according to the time at his disposal; consequently his visits were irregular, and sometimes were paid at inconvenient hours.* With a paid officer this state of things would not be permitted. We object to gratuitous services on principle, and advocate the payment of all officers—though this is unfortunately not possible in many cases,—for the reasons, amongst others, that the work is done more systematically, and that it is only possible under such circumstances for the Managers of an institution to exercise the proper amount of control over the officials appointed by them. It is important, moreover, that patients, if they choose, should be permitted to see the priest or minister of their own denomination. Any illiberality in this respect on the part of committee or chaplain finds no mercy at our hands. There are so many objections to the establishment of a special chaplain fund that we need not notice them. The only reason alleged in its favour in the present case is the fact that the infirmary is supported by persons of different persuasions, and it was thought politic not to pay the chaplain out of the general funds, contributed in part by Dissenters and others. But policy and right or justice are often very different things. So long as the Nonconformist minister can have access to any patient, no support will, we believe, be withdrawn from any institution because a chaplain is paid from the general funds. We trust that the supporters of the Isle of Wight Infirmary will sink their petty differences; pay their chaplain and their medical officers what they can; and see that the former does his work at regular and convenient times.

C. McR., (Aberdeen.)—We do not forward private answers. Application might be made to St. John's House and Sisterhood, 7 & 8, Norfolk-street, Strand, W.C.

A Union Medical Officer is not entitled to the fee for inside cases.

CAMPHOR IN ALBUMINURIA.

To the Editor of THE LANCET.

SIR,—Mr. Osbaldeston asks in your last issue an explanation for the diminution of albumen in cases of albuminuria treated by camphor. He brings forward three cases. They are instances of scarlatina, erysipelas, and synovitis—diseases in which attacks of this kind are common. They all three had symptoms of acute congestion of the kidney, as shown by the result, quantity of albumen, &c. In acute congestion of the kidney, patients either shortly die from blood poison, run on into chronic disease, or quickly recover, as in Mr. Osbaldeston's cases. In fact, we must look to the doctor's judicious treatment, diet, &c., and not to the camphor, for his patient's speedy recovery.

Your obedient servant,

Hornsey-rise, September 1st, 1869. EDWARD CALTHROP.

MEDICAL NEGLECT.

As the result of an inquiry held by Mr. Farnall, the Poor-law Inspector, into a case of alleged neglect of a patient on the part of Mr. Henry Morris, M.R.C.S., medical officer for the Gosberton district of the Spalding Union, that gentleman has been informed that the Poor-law Board has adjudged him "guilty of most serious neglect of duty," and requires him to place his resignation in the hands of the guardians. Mr. Morris has complied with this injunction; but, notwithstanding the strong terms of disapproval used in the letter from the Poor-law Board, he has intimated to the guardians that, in order to test whether, after more than thirty years' service, he has forfeited their confidence, he intends to solicit reappointment.

J. C. J.—Hydrophobia in cats is well known.

OVERCROWDING IN BARRACKS.

THE *Builder* asks whether it can be true, as reported, that experiments are being conducted in the barracks at Gosport and Portsmouth to obtain data as to the possibility of increasing the number of inmates in each room without severe injury to health? We concur with our contemporary in thinking that every step taken ought to be in the opposite direction.

Mr. William Wilson should consult any respectable medical practitioner in his own neighbourhood.

Dr. Collet.—We cannot see how the case, the report of which our correspondent kindly sends us, affects medical practitioners.

INFANT FEEDING.

THERE are few parents that have not experienced something of the difficulties of infant feeding, and we are frequently asked questions about it. Every mother in her heart believes, nevertheless, that her own particular pet system is the best—when it is just as often the worst. A vast amount of ignorance prevails on this subject, among people, too, who ought to know better. A recent number of the *Medical Gazette* of New York contained an article on Infant Feeding, which was prepared, it is said, in consequence of some discussion that had taken place in some of the Medical Societies in America. The article in question is mainly based upon a paper read by a Dr. Hiram Corson at the Medical Society of Pennsylvania, and it will serve as a text for what we have to say. Dr. Corson advocates good, and little if at all diluted, cow's milk for an infant who has insufficient breast milk for its nourishment. He contends that many infants are simply starved to death by the practice of diluting the milk with two-thirds water. Scarcely any infant of one month old will be content with less than one pint of milk daily, and many will consume a quart; the average being between these. The utmost dilution which he would allow of good, rich cow's milk would be attained by the addition to it, when cold, of enough boiling water to raise its temperature to 100°. Dr. Corson's advice is: Give an infant as much milk as it will take; and if that supplied by the mother be insufficient, let it be supplemented by cow's milk; the dangers supposed to arise from the mixture being imaginary only. But it is necessary to accompany this with a caution. Infants are thirsty as well as hungry, and the two things need not go together in them more than in adults; and, like adults, they are more thirsty in hot than in cold weather. If milk be given to satisfy thirst, the stomach refuses to digest it, and irritation, diarrhœa, colic, or indigestion ensues. Let the nurse or mother, therefore, adopt the simple precaution in warm weather of offering the infant some water first of all, and it will be satisfied with this if thirsty only. A remark is made, by the way, about the dietetic and therapeutic value of iced-water, which is worth recollecting. Iced-water, besides being very grateful, is often an excellent means of allaying the irritability of stomach and bowels so common among infants during hot weather. A bottle is preferable to a spoon for feeding, and the milk ought to be fairly, but not too much, sweetened. We think this is, on the whole, good practical advice; but we are confident that the greatest differences exist among infants in regard to the ease or difficulty with which they can be brought up by artificial feeding. Boys are, as a rule, more difficult to rear than girls; and the children of some families, as well as those of dyspeptic parents, often cannot be reared artificially at all. In the Mediterranean and warm climates the children of Europeans generally fare very badly, unless placed under the care of a native wet-nurse. Sometimes Liebig's food answers extremely well, particularly for infants of some months old. The same may be said of Robb's biscuits. Tops-and-bottoms, sago, arrowroot, and the rest are an abomination. For delicate infants, asses' milk is undoubtedly best. In cases of prostration following diarrhœa, the temporary use of Liebig's extract or veal-broth may be tried. But, after all, there is nothing equal to the natural food, the milk of a healthy mother, and it is as well that women who selfishly refuse to sacrifice their pleasures to their duties should be aware of the fact. There is no reason to doubt that Prof. Huxley's protoplasm, or the physical basis of life—that is, of infant's life,—is good milk; or that the structures of the body, as regards the character of their subsequent evolution and development, may be materially influenced by improper diet in infancy.

Alphabet.—The Poor-law authorities appear to us to be adhering to the letter rather than to the spirit of the law. We feel considerable hesitation in advising our correspondent to incur any expense in the matter. We do not think anything more could be done. If, however, our correspondent determines on purchasing the new residence, he might memorialise the Board on the subject.

RUSTIC STUPIDITY.

To the Editor of THE LANCET.

SIR,—In your last number, amongst the "Notices to Correspondents," there is a letter from a gentleman, of Carlton, with the above heading. Now, I should like to ask the question whether it would not have shown less "rustic simplicity" if the piece of ham situated in the "*upper* part of the pharynx" had been removed either by the straight or curved forceps, rather than pushed down the throat with a probang of so young a child (eight months), thereby adding to the already existing danger by still more pressing upon the larynx and trachea, besides the probability of setting up subsequent inflammation of the gullet?—Yours, &c.,

Worksop, August, 1869. E. BENNETT, M.R.C.S.

Mr. Thomas Slater explains to us that the circular of which we disapproved is merely a copy of the rules of a Family Club lately established by him at the solicitation of some of his poorer patients, and that the circulars have only been delivered upon application. We still disapprove of the circular as a commercial style of advertisement. The midwifery fee, too, is indefensibly low. We gather from the tone of Mr. Slater's letter that he does not wish to act unprofessionally.

Lancet.—The fee varies from half-a-crown to five shillings. It ought not to be less than four shillings. There should be an examination fee of two shillings and sixpence.

Mr. John B. Hamilton.—We believe that the relieving officer has no such power.

J. M., (Tottenham-court-road.)—Let our correspondent consult any respectable medical practitioner.

EXPERIENCE OF VACCINATION.

Mr. Armstrong writes us a good but too long letter on the value of vaccination, giving the results of thirty years of very extensive experience. Among other things, he says: "I never saw any eruptive disease of consequence follow the introduction of the virus into the system of a child but what could easily be explained, and attributed to other and the proper sources, entirely independent of vaccine application. In the second place, I never saw any permanent disease left behind such impregnation." He details the particulars of his experience when living in a district with 3000 inhabitants, of which he was public vaccinator, and in close proximity to a city of 7000 inhabitants, where there was an outbreak of small-pox. There was scarcely a child of age in the district at the end of the year unvaccinated, and communication with the city was constant. The result was that only two cases of small-pox occurred in his district, though by no means in a good sanitary state. The first, a most severe case, was in a man unvaccinated, though constantly warned of his risk; the second, a very mild case, was in the vaccinated brother of this man. On the appearance of the disease, the family and some hundreds around were revaccinated, and our correspondent had no other case in his district.

EFFECTS OF FRIGHT.

A SINGULAR case of death from the effects of fright is reported from Montgomeryshire. Some ten years ago the mansion of Mr. Trevor, of Meifod, was destroyed by fire, and it was with the utmost difficulty that Mrs. Trevor and family were rescued from the burning pile. The impression produced on Mrs. Trevor's mind by this occurrence was so indelible, that on hearing an alarm of fire in her neighbourhood a few days ago she was seized with a fit of terror, which resulted in death.

ENTHETIC DISEASES AT THE CAPE.

To the Editor of THE LANCET.

SIR,—In your impression of August 31st, there is a notice relative to Enthetic Diseases at the Cape of Good Hope, evidently taken from the Army Medical Reports for 1867. It is quite correct as regards that period; but last year (August, 1868) a "Bill to Prevent the Spread of Contagious Diseases at the Military and Naval Stations in this Colony" was passed, and its organisation was placed under my charge. It commenced in Cape Town on October 9th, 1868. At that time the average monthly admissions into the Military Hospital were over 50 per month, or 55 per 1000 of strength. From the commencement of enforcing the Act to October 31st, or in three weeks, 213 women were registered, and of these 83 were taken into hospital. The simple removal of such a number from their haunts had, of course, an immediate effect; but since then the admissions into the Military Hospital at Cape Town have rapidly diminished, until, in February, there was not a single case of enthetic disease admitted from the military. My latest information is that syphilis is almost absent from the garrison. When we compare this with the previous state of the colony, it is quite evident what a boon has been conferred on the troops. The Act is applied to the principal military and naval stations. The following will show how great was the necessity for some radical attempt to grapple with this subject. The ratios are for the whole colony.

Years.	*No. of Cases.*	*Ratio per 1000 of strength.*	
1837 to 1846	... ...	150·4	Average for 10 years.
1859	835	193·2	
1860	683	152·6	
1861	864	187·9	
1862	1016	224·8	
1863	1117	200·0	
1864	1266	305·3	
1865	1342	334·2	
1866	1426	344·8	
1867	1865	438·4	
1859 to 1867	1156	269·3	Average for 9 years.

Without entering into the differences between the home and the Cape Bills, I believe the latter is better adapted for meeting the great difficulty to contend with, and also the great source of disease—that is, the clandestine class. This is effected in a great measure by the certificate question; being so frequently renewed, the certificate cannot be transferred, and necessitates attendance for inspection. There are other difficulties stated in the working of the Act at home which have been easily managed by that system. I may mention that the women thoroughly appreciate the benefit conferred on them by the Act, and that there has not been the slightest trouble in carrying it out.

I am, Sir, yours, &c.,

R. THORNTON,

Camp, Aldershot, Aug. 31st, 1869. Staff Surgeon-Major.

UNION MIDWIFERY CASES.

A MOTION has been submitted to the Chertsey Guardians, to the effect that for the future any person requiring medical attendance in midwifery cases shall attend personally before the Board, in order that it may be ascertained whether the circumstances of the case are such as to render assistance from the union necessary before any order is given. In support of this motion, an instance was mentioned in which an order had been obtained for a woman whose husband had constant employment at 18s. and £1 per week. The motion was postponed for a full attendance of the Board, so as to ensure the widest consideration of so important a proposition.

Mr. J. Ripley.—We apprehend that our correspondent, by absenting himself without the leave of the Governors, has violated the contract, under which alone he could claim any salary.

INDIAN MEDICAL OFFICERS.

WE are in receipt of frequent communications regarding the injustice of debarring medical officers from enjoying the benefit of the new Furlough Regulations of 1868. We have on more than one occasion directed attention to this arbitrary ruling. We know that there are several people who hold that the order which has been promulgated involves such a clear act of injustice that it cannot be brought into execution. But it must be remembered that the second-class civil surgeons in India get no compensation for loss of pay, owing to the delay that occurred in the issue of the Warrant fixing their salaries after that of their military contemporaries was settled—a loss which individually amounted to nearly £300. Again, they were assured that when the Warrant was received it would have a retrospective effect; but, on inquiry subsequently, they were informed that the very significant little word "not" had been omitted in the resolution referred to by them. There ought to be no distinctions between the medical and other departments in the application of the rules for furlough.

DIET AT THE SURREY COUNTY HOSPITAL.

A STATEMENT having appeared in the local press, under the signature "G. W.," reflecting upon the diet and treatment of the inmates of the Surrey County Hospital, a public denial thereto has been made, signed by seventeen inmates, who declare that they have the best of attendance, that everything is as clean and comfortable as could be wished for, and that they are "perfectly satisfied" with the diet.

COPPER IN BIRDS' FEATHERS.

To the Editor of THE LANCET.

SIR,—Permit me to recall the attention of your readers to a paragraph concerning the red pigment of the touracos, which appeared in THE LANCET of August 28th. The discovery of *turacine*, the remarkable cupreous pigment of many species of the family *Musophagidæ*, is there attributed by mistake to a namesake of mine—a contemporary at Oxford. I have been engaged on the research in question for three years, and on the 27th of May last placed the whole of my results before the Royal Society. Abstracts of my results have appeared in various scientific papers, as, for instance, in No. 112 of the "Proceedings of the Royal Society."

Yours truly,
A. H. CHURCH, M.A. Oxon.,
Professor of Chemistry, Royal Agricultural College,
Cirencester, Sept. 1st, 1869. Cirencester.

PROTECTION OF UNQUALIFIED PRACTITIONERS BY QUALIFIED MEN.

A Manchester Surgeon complains of a young man without a diploma in his neighbourhood, practising as a surgeon, and having obtained the protection of a medical practitioner some little distance off. Unless the young man in question assumes the title of "Surgeon," or in some other way breaks the Medical Act, we do not see that he can be prosecuted. The qualified practitioner is to blame.

THE LADIES' CONVALESCENT HOME, SCARBOROUGH.

WE have been daily expecting a copy of Sir Thomas Watson's letter. We should be glad also to know immediately if the gentlemen asked to serve the Home gratuitously were asked to *act as a staff*, or merely individually to attend patients who might express a wish to see them. We shall be quite prepared to give an opinion on the question involved in this case when we have all the facts before us.

A HARD CASE.

WE willingly give insertion to the following statement of facts, which has been furnished us by a member of the police, who was instrumental in apprehending the man Thomas Gambell, and in that way became acquainted with the state of poverty to which Mrs. Hansard had been reduced:—

"Frederick Agar Hansard, M.R.C.S., late of Montacute, Somersetshire, died on the 4th October, 1863, leaving a widow and four children, the eldest being at the time only eight years old. Mrs. Hansard was left the household furniture and £500, which was part of her marriage portion. She came to London about four years ago with her children, and took a house (No. 4, Beaufort-terrace, Peckham-rye), which she let furnished, and was enabled to provide for herself and children. Her brother-in-law subsequently borrowed the sum of £500, and she has since failed to recover it. In May last she had the misfortune to let her apartments to two men, named Thomas Gambell and Matthew Campbell, who decamped, leaving a bill of £17 unpaid, in consequence of which she has been compelled to sell many of her things to pay her rent. The man Thomas Gambell was apprehended some time ago, and is now remanded at Marlborough-street Police Court, for forging and uttering bills of exchange."

H. C. B.—The fee for registration is £5. By transmitting this to the Registrar, with the actual diplomas or certificates of their possession from those bodies which have granted the diploma, our correspondent may be registered. We have no information to give of bodies which give degrees without examination. There is no law to prevent foreigners holding English diplomas obtaining a Government appointment.

NEW FOREST UNION.

A CORRESPONDENT wishes us to say that it was *Mr.* W. W. Saul who had resigned the appointment.

TREATMENT OF PROLONGED AND OBSTINATE SCIATICA.

To the Editor of THE LANCET.

SIR,—In reply to "M.D." (THE LANCET, August 14th), I would advise his trying blistering of the entire limb for the space of three weeks, together with the subcutaneous injection of morphia at the hip, which might enable the severe counter-irritation to be kept up for some time.—Yours, &c.,
August, 1869. J. N. STEVENS.

THE HOLBEACH WORKHOUSE.

THE workhouse of the Holbeach Union appears to be in an unsatisfactory condition. The medical report to the guardians at their last meeting states that when young people were cured of the itch and sent to the school, they returned with the itch again in full force, accompanied by other forms of cutaneous disease; and this result is attributed to want of space—a conclusion which agrees with Mr. Farnall's report on the house. The Visiting Committee have, therefore, made an inspection, which has revealed to them that the sick inmates are under the care of the medical officer's assistant; and whilst the newspaper account of the matter from which we write is silent as to the recommendation by the Committee of any remedial measures, it notices that inquiry is to be made whether the assistant is a qualified medical man.

DEGREES WITHOUT RESIDENCE.

A. B. C.—The University of St. Andrews is empowered to confer medical degrees, to the number of ten per year, on registered medical men, whose professional experience and position are such, in the estimation of the University, as to entitle them to this honour, subject to a certain examination. Residence is not a condition for obtaining the degrees of the London University. Other British degrees cannot be had without residence. We cannot undertake to recommend our correspondent to take any of the more easily acquired foreign degrees.

POPULAR NATURAL HISTORY.

To the Editor of THE LANCET.

SIR,—Your correspondent, "C. W." (in your journal of August 21st), will find a lecture on "Popular Natural History, with Anecdotes," by Dr. E. Crisp, in the *London Medical Examiner* for 1852. The lecture was reprinted, but, I believe, only for private circulation. Yours, &c.,
August 31st, 1869. V. E.

FILTHY ADVERTISEMENTS.

A CORRESPONDENT sends us a batch from the *Birmingham Daily Post*. Two things can be done. Such advertisements may be refused insertion; or the papers which give them insertion may be refused admission to houses. The first remedy rests with the proprietors of a paper; the second with the purchasers of it. The specimens sent are very indecent.

A Subscriber, (Bengal Army.)—We have repeatedly directed attention to the subject. Perhaps our correspondent would be kind enough to furnish us with the data to which he alludes.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir J. Y. Simpson; Mr. John Adams; Prof. Struthers, Aberdeen; Dr. M'Donald; Mr. Smart; Dr. Glynn; Mr. Moore; Dr. Davison; Mr. Ramsay; Mr. Wood, Winchfield; Mr. J. B. Hamilton, Watford; Mr. Church, Cirencester; Mr. Leigh; Mr. Austin, Walton; Dr. Macnamara, Uxbridge; Mr. Farrel; Dr. Slater, Ripon; Mr. Walker; Mr. Gillingham, Leigh; Mr. Richards; Mr. Macrae; Mr. Megget, Scarborough; Mr. Hooper; Mr. Everett, Wells; Mr. Judd; Dr. Rigden; Mr. Duncan, Glasgow; Mr. Law; Mr. Calthrop, Hornsey-rise; Mr. Owen; Dr. Thornton, Dewsbury; Dr. Gibson; Mr. Grover, Eastney; Dr. Muspratt, West Derby; Mr. Thomas, Swaffham; Mr. Loney, Macclesfield; Mr. Bennett, Worksop; Dr. Fleming; Mr. Goodwin; Mr. Worley, Aldershot; Dr. Williams; Mr. Anderson; Mr. Metcalfe; Dr. Warlingham; Mr. Pitman; Dr. Martyn, Bristol; Mr. Pisher, Wigan; Mr. Mason, Wallingford; Mr. Cole; Dr. Cremle, St. Petersburg; Mr. Lawton; Dr. Wood; Dr. Martin, Weston-super-Mare; Mr. Morris; Mr. Sheldon; Mr. Cooke; Mr. R. H. Churchill; Mr. Wadd; Mr. Floyer; Mr. Wilson; Mr. Armstrong; Dr. Johnston; Mr. Teale; Dr. Vaughan; Mr. Hopkins; Mr. Whitcott; Mr. Hopgood; Dr. Ward; Mr. Buller; Mr. Gomes; Dr. Foster, Jamaica; Dr. Haldane; Mr. Eadon; Mr. Ringrose; Mr. Littleton; Dr. Lawrence; Mr. Stevens; Mr. Denne; Mr. Taylor; Dr. Manson, Strathpeffer; Dr. Black, Glasgow; Mr. Farn; Mr. Fletcher; Mr. Ripley; Mr. Ellis, Wincanton; Mr. Jones; Mr. Stephenson, Barnley; Mr. Hodgson; Rev. B. W. Gibsone; Dr. Axham; Mr. Vance; Commander Dawson, R.N.; Mr. Kempster; Mr. Jessopp; Mr. Cooper; Dr. Purdon; Mr. Kirkby; M.R.C.S.; Alphabet; F. G.; J. M.; Lancet; M.D., Alfreton; T. U.; V. E.; M. A. C.; Medicus; Unlearned; C. H. R.; Daly; A Union Medical Officer; J. C. J.; Scrutator; A Manchester Surgeon; T. P.; A. B. C.; &c. &c.

Parochial Critic, Brighton Guardian, United Service Gazette, Bucks Herald, Boston and Spalding Free Press, Homœopathic World, Madras Mail, Chester Courant, Liverpool Mercury, Evening Leader, Liverpool Albion, Brighton Gazette, Lincolnshire Chronicle, Surrey Advertiser, European Mail, and *Scarborough Gazette* have been received.

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Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.